

<b>Case Number:</b>	CM15-0203757		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/24/2002
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 5-24-2002. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, post lumbar laminectomy syndrome, and degeneration of the lumbar intervertebral disc. According to the progress report dated 9-10-2015, the injured worker presented with complaints of lower backache. Pain level remains unchanged since last visit; 3 out of 10 with medications and 8 out of 10 without. The treating physician states, "his activity level has decreased". The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles, restricted range of motion, and positive straight leg raise test bilaterally. The current medications are Lunesta, Kadian (since at least 2013), Norco (since at least 2013), Bisac-evac, and Doxazosin. Treatments to date include medication management, transforaminal epidural steroid injection, and surgical intervention. Work status is not indicated. The original utilization review (9-23-2015) partially approved a request for Norco 10-325mg #90 (original request was for #90 with one refill) and Kadian 20mg #60 (original request was for #60 with one refill).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 MG #90 with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** Norco 10/325 MG #90 with 1 Refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Norco is for moderate to severe pain. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of an increase in function. The 9/10/15 document indicates that the patient's activity has decreased. Furthermore, the request for a refill of this opioid is not appropriate as the MTUS supports monitoring evidence of efficacy prior to continuing treatment. For these reasons, the request for continued Norco is not medically necessary.

**Kadian 20 MG #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** Kadian 20 MG #60 with 1 Refill is not medically necessary per the MTUS Guidelines. The MTUS states that Kadian is extended release Morphine Sulfate. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of an increase in function. The 9/10/15 document indicates that the patient's activity has decreased. Furthermore, the request for a refill of this opioid is not appropriate as the MTUS supports monitoring evidence of efficacy prior to continuing treatment. For these reasons, the request for continued Kadian is not medically necessary.