

<b>Case Number:</b>	CM15-0020849		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on July 22, 2003. The diagnoses have included low back pain with radiculopathy, lumbar radiculopathy, possible lumbar facet arthropathy, and lumbar disc displacement/rupture, depression associated with chronic pain, sciatica, and possible S1 joint pain. Treatment to date has included epidural steroid injection (ESI), heat/ice, psychological therapy, and medications. Currently, the injured worker complains of chronic low back pain. The Treating Physician's report dated January 15, 2015, noted the injured worker experiencing acute grief over the loss of a son in August 2014, who was killed in Afghanistan serving his country, with the increased grief, stress, and weather changes increasing the pain and decreasing function by greater than thirty percent. Physical examination was noted to show tenderness to palpation in the lumbar midline at approximately L4-L5 with some muscle spasms with radicular snapping band tenderness radiating out over the left and right in the quadratus lumborum. Range of motion (ROM) was restricted, with a slow, slightly forward stooped position gait. On January 28, 2015, Utilization Review non-certified MS Contin 30mg #120 and Norco 7.5/325mg #150, noting the dosages scheduled provided a daily morphine equivalent dosage of 157.5mg which was in excess of the maximum daily morphine equivalent dosage recommended by the MTUS guidelines, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 3, 2015, the injured worker submitted an application for IMR for review of MS Contin 30mg #120 and Norco 7.5/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Additionally the dosage of opioids in this case appears to be excessive and not titrated against functional goals or functional progress. Therefore this request is not medically necessary.

**Norco 7.5/325 #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Additionally the dosage of opioids in this case appears to be excessive and not titrated against functional goals or functional progress. Therefore this request is not medically necessary.