

<b>Case Number:</b>	CM15-0022492		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California, Washington

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

### 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 58-year-old male who reported injury on 02/17/2001. The mechanism of injury was not provided. The diagnoses included chronic pain syndrome, depressive disorder, cervicgia, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, impotence of organic origin, slow transit constipation, and external thrombosed hemorrhoids. The current medications were noted to include Doculace, clonazepam, Cymbalta, MS Contin, hydrocodone, and Lunesta. The documentation of 01/16/2015 revealed the injured worker had pain without medications of 9/10 to 10/10 and with medications 8/10. With medications, the injured worker could bathe, dress and feed himself. The injured worker had difficulty bathing with medications. Without medications, the injured worker could not walk comfortably, sit comfortably, or stand comfortably. With medications, the injured worker could walk and stand for 5 minutes and sit comfortably for 15 minutes. The injured worker had occiput tenderness and bilateral cervical paraspinal, trapezius tension and tenderness. The injured worker had decreased range of motion of the cervical spine. The lumbar spine examination revealed L2-5 process tenderness and decreased range of motion. The injured worker had an antalgic gait. The treatment plan included prescription of hydrocodone 12/APAP 50 two pills by mouth every 4 to 6 hours, clonazepam 0.5 mg 1 by mouth twice a day, Amitiza 24 mcg oral capsules 1 twice a day, MS Contin 30 mg 1 to 2 tablets 4 times a day. The lactulose was prescribed on 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 12/APAP 50 #270: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective improvement in function and an objective decrease in pain. However, there was a lack of documentation of aberrant drug behavior or side effects. Additionally, the cumulative dosing for the medication, if the hydrocodone is 10 mg/500 mg, would be 270 mg of oral morphine equivalents. The dosing for hydrocodone is 5/325 mg, 7.5/325 mg, or 10/325 mg. However, research failed to indicate there was a hydrocodone 12/APAP 50 strength. This was not a basis for denial. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone 12/APAP 50 #270 is not medically necessary.

**MS Contn 30mg #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function and an objective decrease in pain. However, there was a lack of documentation of aberrant drug behavior or side effects. The cumulative dosing of the oral morphine equivalents would be 270 mg given the 7 tablets per day. Given the above, the request for MS Contin 30 mg #210 is not medically necessary.

**Clonazepam 0.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function and an objective decrease in pain. However, there was a lack of documentation of aberrant drug behavior or side effects. The cumulative dosing of the oral morphine equivalents would be 270 mg given the 7 tablets per day. Given the above, the request for MS Contin 30 mg #210 is not medically necessary.

**Lactulose 106/15ml oral syrup #2 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide a necessity for 2 refills without re-evaluation. There was a lack of documentation indicating a necessity for 2 bottles of medication. The request as submitted failed to indicate the frequency for the requested medication. The injured worker was noted to be utilizing medications for constipation and the efficacy of the medications was not provided. Given the above, the request for lactulose 106/15 ml oral syrup #2 with 2 refills is not medically necessary.