

<b>Case Number:</b>	CM15-0217655		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 5-17-99. Medical records indicate that the injured worker has been treated for failed back syndrome; left hip sprain; left elbow pain. She currently (8-19-15) complains of constant lumbar pain radiating to her legs with a pain level of 6-8 out of 10. She has difficulty with navigating stairs, getting in and out of a car, light housework, cooking, rising from a chair, shopping, sitting, standing, sleeping and sex and she has mood changes. The 9-22-15 physical exam revealed post-operative changes to the lumbar spine with tenderness to palpation with spasm, positive straight leg raise eliciting radicular symptoms to bilateral feet, decreased sensation to light touch and pinprick in bilateral lower extremities along the L4-5 and S1 dermatomal distribution, painful range of motion. Her pain level was 6-8- out of 10 (9-22-15). Her physical exam was unchanged from 4-13-15 through 9-22-15. Her pain levels were 8-9 out of 10 from 4-13-15 through 8-19-15. Her activities of daily living were unchanged. Treatments to date include physical therapy with benefit; lumbar epidural injections; transcutaneous electrical nerve stimulator unit with benefit; medications: (past): Mobic, Flexeril, Neurontin, Elavil, Motrin, Darvocet, Vicodin, MS Contin, Percocet, Zanaflex, Soma, Duragesic Patch, Norco since at least 2005, Kadian since at least 2006, Lyrica, Zoloft: (current): Kadian, Norco, Elavil, Zanaflex, Prevacid; status post spinal fusion L4-5 and L5-S1 in 2001; status post hardware removal; status post removal of spinal cord stimulator. The request for authorization dated 9-22-15 was for Kadian MS ER 80mg #60, modified to 1 prescription #45; Norco 10-325mg #60. On 10-29-15 Utilization review non-certified the requests for Kadian MS ER 80mg #60, modified to 1 prescription #45; Norco 10-

325mg #60. The patient has had history of heartburn, constipation, ulcer, anxiety, depression and GERD. The patient had lumbar CT myelogram on 4/26/13 that revealed post surgical changes and disc bulging. The patient had an EMG of the lower extremity in 2011 that was normal. The patient sustained the injury due to a slip and fall incident. A recent urine drug screen report was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kadian MS ER 80mg #60:** Upheld

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

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

**Decision rationale:** Request: Kadian MS ER 80mg #60. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control, including the current use of anticonvulsants for chronic pain, is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work, is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Kadian MS ER 80mg #60 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Norco 10/325mg #60:** Overturned

**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.

**Decision rationale:** Request: Norco 10/325mg #60. This is an opioid analgesic. Criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." She currently (8-19-15) complains of constant lumbar pain radiating to her legs with a pain level of 6-8 out of 10. The 9-22-15 physical exam revealed post-operative changes to the lumbar spine with tenderness to palpation with spasm, positive straight leg raise eliciting radicular symptoms to bilateral feet, decreased sensation to light touch and pinprick in bilateral lower extremities along the L4-5 and S1 dermatomal distribution, painful range of motion. Therefore, the patient has chronic pain along with significant abnormal objective findings. The patient's surgical history includes spinal fusion L4-5 and L5-S1 in 2001; status post hardware removal; status post removal of spinal cord stimulator. The patient had lumbar CT myelogram on 4/26/13 that revealed post surgical changes and disc bulging. This medication is deemed medically necessary and appropriate to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication Norco 10/325mg #60 is medically necessary and appropriate in this patient.