

<b>Case Number:</b>	CM15-0034052		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	04/29/1991
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

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 66-year-old male who sustained an industrial injury in a motor vehicle accident with ejection on April 29, 1991. The injured worker was diagnosed with lumbar post laminectomy syndrome, chronic pain syndrome, lumbar spondylosis, lumbar radiculitis, cervical spondylosis and obesity. The injured worker underwent lumbar surgery in 1996, lumbar fusion in 1997, infected hardware removal (no date documented), spinal cord stimulator (SCS) implant (no date documented) reported as non-beneficial and subsequently removed. The injured worker underwent an intrathecal delivery system implant in 2000 and replacement pump in November 19, 2014. The injured worker also has history of coronary artery bypass surgery in 2001. According to the primary treating physician's progress report on January 15, 2015 the injured worker's symptoms are stable on medication with good pain control. Current medications consist of Norco, Tramadol, Gabapentin and the intrathecal delivery system implant with Dilaudid. Injured worker is to continue with strengthening exercises and diet modification for weight loss. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Tramadol/Acetaminophen 37.5/325mg #60 with 2 refills and Norco 10/325mg #90 between March 13, 2015 and March 24, 2015. On January 27, 2015 the Utilization Review denied certification for Norco 10/325mg #90 between March 13, 2015 and March 24, 2015. On January 27, 2015 the Utilization Review modified the request for Tramadol/Acetaminophen 37.5/325mg #60 with 2 refills to Tramadol/Acetaminophen 37.5/325mg #60 with 1 refill. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/15/15 report, the patient presents for follow up evaluation and management of chronic pain with lower back pain radiating to the left leg and foot and left sided neck pain s/p intrathecal pump replacement 2009. The patient's diagnoses includes post laminectomy syndrome. The current request is for TRAMADOL/ACETAMINOPHEN 37.5/325 mg #60 WITH 2 REFILLS (an opioid, analgesic) per the 01/15/15 RFA. The 01/27/15 utilization review modified this request from 2 refills to 1 refill. The patient is unable to work. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed opioids for many years. This medication has been prescribed since at least 08/27/14. The 01/15/15 report states that the patient reports current medication use is stable, adequate, and providing good pain relief. Listed medications include: Norco, Dialudid, Intrathecal, Tramadol, and Gabapentin. Least pain is stated to be 2/10, usual pain 5-6/10 and worst pain 6-7/10. The reports show pain is routinely assessed through the use of pain scales. The reports further states the patient is able to do only limited household activity and walks approximately 3 hours a day and does stretches for exercise, and that functionality has been maintained by pain medication. Side effects and adverse behavior are noted to have been reviewed. The reports show the patient has a signed narcotics contract and that a pill count was conducted 01/15/15. The provider notes that due to the patient's chronic pain it is a complex decision to prescribe opioid medications. In this case, the 4 'A's have been sufficiently documented as required by the MTUS guidelines. The request is medically necessary.

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/15/15 report, the patient presents for follow up evaluation and management of chronic pain with lower back pain radiating to the left leg and foot and left sided neck pain s/p intrathecal pump replacement 2009. The patient's diagnoses include post-laminectomy syndrome. The current request is for NORCO 10/325mg #90 (Hydrocodone, an opioid analgesic) per the 01/15/15 RFA. The 01/27/15 utilization review certified prospective requests for the periods 01/15/15 to 02/13/15 and 02/13/15 to 03/24/15 and non-certified a prospective request from 03/13/15. The patient is unable to work. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed opioids for many years. This medication has been prescribed since at least 08/27/14. The 01/15/15 report states that the patient reports current medication use is stable and adequate and providing good pain relief. Listed medications include: Norco, Dialudid, Intrathecal, Tramadol, and Gabapentin. Least pain is stated to be 2/10, usual pain 5-6/10 and worst pain 6-7/10. The reports show pain is routinely assessed through the use of pain scales. The reports further states the patient is able to do only limited household activity, walks approximately 3 hours a day and does stretches for exercise, and that functionality has been maintained by pain medication. Side effects are discussed and adverse behavior are noted to be reviewed. The reports show the patient has a signed narcotics contract and that a pill count was conducted 01/15/15. The provider notes that due to the patient's chronic pain it is a complex decision to prescribe opioid medications. In this case, the 4 A's have been sufficient documented as required by the MTUS guidelines. The request is medically necessary.