

<b>Case Number:</b>	CM15-0043102		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2015

### 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 62-year-old male who reported an injury on 08/25/2010. The mechanism of injury was the injured worker was lifting a resident to change a diaper. Prior therapies included a TENS unit, medications, and diagnostics. The injured worker was noted to undergo lumbar surgery and exploration of fusion and removal of malpositioned hardware. The most recent documentation was dated 03/09/2015. The documentation indicated the injured worker had low back pain with pain radiating down the legs. The injured worker indicated with medications his pain dropped down to 4/10 to 6/10 from a 10/10. The injured worker's medications included Norco 10/325 with 50% relief. The injured worker was utilizing amitriptyline 150 mg 1 in the morning and 1 every 8 hours. The injured worker was attending physical therapy. The physical examination revealed moderate spasms bilaterally in the lumbar paraspinal muscles with positive twitch response and moderate pain with lumbar extension. The injured worker had slowed ambulation. The diagnoses included lumbar radiculopathy, postlaminectomy syndrome and lumbar spondylosis without myelopathy. The treatment plan and discussion indicated that the injured worker had functional improvement including improved sitting, standing, walking, and the injured worker was unable to perform these functions without medications. The request was made for a continuation of MS Contin 60 mg 1 by mouth 3 times a day and Norco 10/325 mg as needed for breakthrough pain 4 times a day. The documentation indicated the injured worker's urine drug screen was consistent with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**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 Medical Treatment Utilization Schedule 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 injured worker 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 functional improvement and an objective decrease in pain. The injured worker was noted to be appropriate through urine drug screens. However, the daily morphine equivalent dosing would be 220 mg which exceeds the 120 mg maximum recommendation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco tab 5/325 mg #120 is not medically necessary.

**Ms Contin 60mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**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 Medical Treatment Utilization Schedule 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 injured worker 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 functional improvement and an objective decrease in pain. The injured worker was noted to be appropriate through urine drug screens. However, the daily morphine equivalent dosing would be 220 mg, which exceeds the 120 mg maximum recommendation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 60 mg #90 is not medically necessary.