

<b>Case Number:</b>	CM15-0058836		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 59-year-old male, who sustained an industrial injury on 2/28/2007. Diagnoses include lumbago and left shoulder impingement. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported lumbar spine pain with radiation to the right lower extremity and bilateral feet. He reports that medications allow him to function. Physical examination of the left shoulder revealed restricted range of motion in flexion and abduction plane. Impingement sign is positive. The paravertebral muscles of the lumbar spine are tender. Spasm is present and range of motion is restricted. Sensation is reduced in the left dermatomal distribution. There is a well healed scar over the lumbar spine. The plan of care included medications and authorization was requested for Norco 10/325mg and OxyContin 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg take 1 bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of OpioidsHydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with pain and weakness in his shoulder, lower back and lower extremity. The request is for NORCO 10/325MG #60. Per 03/03/15 progress report, the patient is currently taking Orphenadrine, Norco and Oxycontin. The patient has been utilizing Norco since at least 08/28/14.Regarding chronic opiate use, MTUS guidelines page and 89 states, "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 4A'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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours."In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

**OxyContin 20mg take 1 bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his shoulder, lower back and lower extremity. The request is for Oxycontin 20MG #60. Per 03/03/15 progress report, the patient is currently taking Orphenadrine, Norco and Oxycontin. The patient has been utilizing Oxycontin since at least 08/28/14.Regarding chronic opiate use, MTUS guidelines page and 89 states, "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 4A'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. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

