

<b>Case Number:</b>	CM15-0081209		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 47-year-old male, who sustained an industrial injury on 9/6/07. The injured worker has complaints of low back pain. The diagnoses are neck, thoracic and lumbar pain, constipation, myositis, depression chronic pain syndrome and have included long-term chronic opioid use. Treatments and diagnostics to date has included magnetic resonance imaging (MRI) of the lumbar spine; low back surgery -global fusion at L5-S1 (sacroiliac) and a disc replacement at L4-L5; medial branch blocks; epidural steroid injection and electromyography/ nerve conduction study. The lumbar facet injections, caudal epidural and trigger point injections did not provide any significant pain relief. The IW completed completed blood and urine tests including chemistry, testosterone, UDS and urinalysis in 2014. The tests did not show abnormality. The medications listed are senna laxative; norco and oxycodone. The request was for hydrocodone and metabolite serum; complete Urinalysis; carisoprodal serum; EIA9 with alcohol / RFLX urine; acetaminophen; chemistry 19; senna laxative 8. 6mg #120 and norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone & Metabolite Serum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive UDS test in 2014 without identification of any aberrant behavior or non-compliance. There is no documentation of non-compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The guidelines recommend that serum UDS be utilized if the less invasive urine test cannot be performed in the presence of signs of non-compliance. The criteria for the serum Hydrocodone and metabolite test was not met.

**Complete Urinalysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive tests in 2014 without identification of any abnormality. There is no documentation of non compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The history and physical review of systemic did not note the presence of any organ dysfunction. The criteria for the Urinalysis test were not met.

**Carisoprodal - serum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive tests in 2014 without identification of any abnormality. There is no documentation of non-compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The records did not show that the patient is currently utilizing carisoprodal medication. The criteria for the serum carisoprodal test were not met.

**EIA9 w/ alcohol, RFLX Urine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive tests in 2014 without identification of any abnormality. There is no documentation of non compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The history and physical systemic reviews did not note the presence of any organ dysfunction. The criteria for the EIA9 with alcohol, RFLX Urine test were not met.

**Acetaminophen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42043. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive tests in 2014 without identification of any abnormality. There is no documentation of non compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The history and physical systemic reviews did not note the presence of any organ dysfunction related to the use of acetaminophen. The criteria for the acetaminophen test was not met.

**Chem 19:** Upheld

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests and compliance monitoring can be utilized for the evaluation of metabolites and effects of chronic use of opioids and sedative medications. The records indicate that the patient completed comprehensive tests in 2014 without identification of any abnormality. There is no documentation of non compliance or aberrant medication behaviors. The CURESS data was noted to be consistent. The history and physical systemic reviews did not note the presence of any organ dysfunction. The criteria for the Chem 19 test were not met.

**Senna Laxative 8.6mg #120: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that prophylactic measures be instituted for the prevention and treatment of constipation during chronic opioid treatment. There is documentation of chronic constipation associated with chronic opioid utilization. The records indicate that the patient is utilizing senna and applying non-medication measures for the management of the constipation. The criteria for the use of Senna laxative 8.6mg #120 was met.

**Norco 10/325mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe pain that did not respond to standard treatments with NSAIDs, non opioid co-analgesics, PT and other treatment options. The chronic use of opioids can result in the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedatives medications. The records indicate that the patient had completed several interventional pain procedures, PT and non-opioid medications treatments without significant pain relief. The records indicate that the UDS and CURESS data reports were consistent. There is documentation of functional restoration without aberrant behavior. The criteria for the use of Norco 10/325mg #120 were met.