

<b>Case Number:</b>	CM13-0038678		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/10/1990
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and depression associated with an industrial injury of February 10, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; physical therapy; chiropractic manipulative therapy; prior cervical fusion surgeries in 2009 and 2010; multiple prior lumbar spine surgeries over the life of the claim; facet joint blocks; trigger point injections; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 23, 2013, the claims administrator partially certified a request for long-acting Morphine for weaning purposes. Prescriptions for tramadol extended release and Norco were denied on the grounds that the applicant had not affected appropriate analgesia through prior opioid usage. The applicant's attorney subsequently appealed. On November 8, 2013, the applicant presented after having undergone a lumbar epidural steroid injection, which she stated resulted in diminution in pain. However, heightened neck pain is reported. The applicant has ongoing issues with reflux, cough, rhinitis, and pulmonary fibrosis. It is stated that the applicant's usage of Morphine and Tramadol is generating appropriate analgesia and improved performance of non work activities of daily living. The medications afford the applicant with better sleep, it is noted. The applicant cannot apparently use Norco, Vicodin, or Lorcet owing to concerns over hepatotoxicity. The applicant undergoes urine drug testing. Her complete medication list includes Morphine three to four times daily, Zanaflex, tramadol, Hycodan syrup, Valium, Reglan, Synthroid, prednisone, Imuran, Bactrim, Singulair, Allegra, Prilosec, and topical Dendracin cream. It does not appear that the applicant is working with these limitations in place. An early note of October 8, 2013 suggests that th

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of MS Contin 30mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, it does not appear that the applicant has returned to work. Nevertheless, it does appear that she meets the other two criteria for continuation of opioid therapy. Specifically, she does report ongoing analgesia and improved functioning effected as a result of ongoing opioid usage. The applicant's sleep and ability to perform household chores is described as improved as result of ongoing opioid usage on prior reports of October 8, 2013 and November 8, 2013. On balance, then, continuing Morphine is indicated and appropriate. Accordingly, the request for one prescription of MS Contin 30mg #120 is medically necessary and appropriate.

### **1 prescription of Ultram ER 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the applicant is already using another long-acting opioid, namely extended release Morphine, which has been certified above. It is unclear why a second long-acting opioid, Ultram ER, is also being employed here. The attending provider has not clearly stated why the applicant cannot use a short-acting opioid for breakthrough pain purposes here. Therefore, the request for Ultram ER is not medically necessary and appropriate.

### **1 prescription of Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

**Decision rationale:** As noted by the attending provider and on page 12 of the MTUS Chronic Pain Guidelines, hepatotoxicity is associated with chronic acetaminophen usage. In this case, the applicant apparently has issues with hepatic impairment. The applicant has been enjoined by the attending provider to cease Norco usage on the grounds that Norco contains Tylenol. The request is therefore not certified on the grounds that the applicant's present hepatic function is incompatible with continued usage of Norco, per the attending provider.