

<b>Case Number:</b>	CM14-0120977		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/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 patient is a 45 year old male who was injured on 09/26/2002. The mechanism of injury is unknown. Prior medication history included Baclofen 10 mg, Benzapril HCL, lactulose, Linzess, MS-Contin, and oxycodone HCL. Toxicology report dated 04/21/2014 did not detect Baclofen which was inconsistent with reported medications which included Baclofen, MS-Contin, Prevacid, Atorvastatin, and Risperidone. Progress report dated 07/11/2014 documented the patient to have complaints of increased pain in the thoracic pain, increased pain in his lumbar spine as well. On exam, range of motion of the lumbar spine is restricted. He has tenderness to palpation of the right side with spasm and tight muscle band. There was also triggering along with radiating with pain on palpation on the left side. Straight leg raise is positive on the left side. He had decreased sensation over the left lower limb in S1 distribution and bilateral hands. The patient is diagnosed with lumbar radiculitis, depressive disorder, lumbago, bilaterally post-laminectomy syndrome of the lumbar region. Prior utilization review dated 07/18/2014 states the request for Opana 10mg #120 is modified to certify Opana 10 mg #49 and remaining tablets are not certified; Medrol dose pack #1 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for use of opioids, Page(s): 76-96.

**Decision rationale:** The MTUS guidelines on-going opioid management states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the patient has been on opioids since at least 3/5/14 showing "MS Contin 15 Mg Tablet ER." The note from 7/11/14 does not address all 4 A's, it only states "[REDACTED] is taking his medications as prescribed. No side effects reported" and does not address the analgesia, ADL, and aberrant behavior portions. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Medrol dose pack #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (chronic) Low back - Lumbar & Thoracic Acute & Chronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 10/2014, Low Back, Corticosteroids (Oral/Parenteral/IM for Low Back Pain).

**Decision rationale:** The above ODG guidelines regarding criteria for corticosteroids for low back pain state "Patient's should have clear-cut signs and symptoms of radiculopathy; 2) Risks of steroids should be discussed with the patient and documented in the record." In this case, there are signs and symptoms of radiculopathy, but no documentation of risks of steroids discussed with the patient. Note from 7/11/14 documents a diagnosis of "lumbar radiculitis" and states "muscle strength; loss of strength of left DF, PF, and EHL at 4/5 strength... light touch sensation is decreased over the left lower limb in S1 distribution..." but does not address steroid risk discussion with the patient. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

