

<b>Case Number:</b>	CM14-0132929		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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 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 claimant was injured on 02/23/07 when he was driving a bus and the seat collapsed and he fell 2-1/2 feet and landed on his buttocks. He is status post remote fusion surgeries and has had PT, ESI, and TENS. He has chronic pain with failed back surgery syndrome and radiating dysesthesias and compensatory muscle spasm. He also has moderate depression. His pain is right sided and radiates down the right thigh at level 7-9/10. It had gotten worse since the last visit. Prior to medication use his pain was rated 8-9/10 and after medication use it was 6-8/10. This small improvement in pain lasts for 20 hours. He had limited range of motion due to pain and obesity with paravertebral muscle spasm. The Avinza makes him nauseous at times. The urine toxicology report revealed hydrocodone was not detected. He was evaluated on 07/31/14. His back pain was severe and worsening occurred persistently. It radiated to his feet and was aching, burning, deep, sharp, shooting, stabbing, and was aggravated by sitting, standing, and walking and relieved by sitting in a hot tub. With or without his medications, he was able to struggle but fulfill his daily responsibilities. There was a questionnaire to detect alcohol or substance use disorder and his score was 3. A score of 1 indicates a possible problem and a score of 2 indicates a probable problem. He had multiple symptoms. Physical examination revealed pain at the right SI joint. He had pain that radiates down both legs and an antalgic gait. There was tenderness of the paraspinal, lumbar, gluteals, PSIS, sacrum, and SI joint. He had decreased range of motion. Sensation was normal. His medications included hydrocodone, Avinza, and ropinirole, and other medications. He had gained 70 pounds in the past year. He was prescribed a maximum of 8 Norco per day and Avinza 60 mg (frequency not stated). He signed a controlled substance agreement and a random urine drug screen was done. His medications were reviewed. A drug screen that date revealed the presence of opiates/morphine and marijuana.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ropinirole HCl 4mg QTY: 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2014. Ropinirole

**Decision rationale:** The history and documentation do not objectively support the request for ropinirole HCl 4 mg #120. The PDR recommend this medication for treatment of Parkinson's or Restless Legs Syndrome and neither of these diagnoses are noted in the records. The indication for the use of this medication is not stated and none can be ascertained from the file. The medical necessity of the request for ropinirole HCl 4 mg has not been clearly demonstrated.

### **Hydrocodone-Acetaminophen 10/325mg, QTY: 240:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Medications for Chronic Pain Page(s): 110, 94.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, hydrocodone/APAP 10/325 mg #240. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone/APAP is unclear other than that he takes it and he states it helps. The benefit appears to be minimal, however as his pain levels decrease by about 25% and no improved function has been described. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his follow up office visits. The recommended frequency of use of this medication is

unclear. As such, the medical necessity of the ongoing use of hydrocodone/APAP 10/325 mg has not been clearly demonstrated.

**Avinza 60mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Medications for Chronic Pain Page(s): 110, 94.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Avinza 60 mg, frequency unknown, #30. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone/APAP is unclear other than that he takes it and he states it helps. The benefit appears to be minimal, however as his pain levels decrease by about 25% and no improved function has been described. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his follow up office visits. The recommended frequency of use of this medication is unclear. As such, the medical necessity of the ongoing use of Avinza 60 mg, frequency unknown, has not been clearly demonstrated.