

<b>Case Number:</b>	CM14-0147085		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/22/1996
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehab, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male with a reported date of injury of 07/22/1996. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include spine fusion. His previous treatments were noted to include surgery and medication. The progress note dated 01/30/2014 revealed complaints of pain to the hip, buttock, and leg (somewhat more on the right than the left), and limited motion due to spasm, pain, and the onset of cold, damp weather. The physical examination revealed a positive straight leg raise bilaterally with 20% decreased horizontal torsion and lateral bending. The injured worker's medication regimen from 01/2014 was noted to be Norco 5/325 mg 1 daily #60 with 1 refill to diminish the amount that he was taking was supplemented with Ultram 50 mg, 1 to 2 every 4 to 6 hours #100 with 1 refill as needed. The progress note dated 04/03/2014 revealed complaints of occasional aching and discomfort to the low back to the hip and leg and occasionally to the sole of the foot. The physical examination revealed minimally positive straight leg raises bilaterally with slight burning and numbness to the leg. The provider indicated the urine drug screen performed was positive for the opioids he had been prescribed which indicated compliance. The progress note dated 08/12/2014 revealed complaints of moderate back pain that were intermittently to the groin, particularly with twisting and turning. The physical examination revealed slight limits in regard to horizontal torsion and lateral bending with moderate lumbar spasm and slightly positive straight leg raises bilaterally. The Request for Authorization form dated 08/14/2014 was for Norco 5/325 mg 1 at 3 times a day #100 with 1 refill for breakthrough pain and Ultram 50 mg 1 to 2 every 4 to 6 hours #200 with 1 refill for baseline pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #100 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

**Decision rationale:** The injured worker complained of moderate back pain that radiated intermittently to the groin, particularly with twisting and turning. The injured worker had been utilizing this medication since at least 01/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numeric scale with the use of medications. There was a lack of documentation regarding improved functional status with the use of medications. There was a lack of documentation regarding side effects and the provider indicated the injured worker had consistent urine drug screens. The opioid MED calculator guidelines recommend 100 MEDs of daily use and the combination of Norco and Ultram exceeds the guideline recommendations. Therefore, due to the lack of documentation regarding evidence of decreased pain, improved functional status, side effects, and the morphine equivalent dosage exceeding guideline recommendations, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Norco 5/325mg #100 with 1 refill is not medically necessary and appropriate.

**Ultram 50mg #200 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

**Decision rationale:** The injured worker complained of moderate back pain that radiated intermittently to the groin, particularly with twisting and turning. The injured worker had been utilizing this medication since at least 01/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be

addressed. There was a lack of documentation regarding evidence of decreased pain on a numeric scale with the use of medications. There was a lack of documentation regarding improved functional status with the use of medications. There was a lack of documentation regarding side effects and the provider indicated the injured worker had consistent urine drug screens. The opioid MED calculator guidelines recommend 100 MEDs of daily use and the combination of Norco and Ultram exceeds the guideline recommendations. Therefore, due to the lack of documentation regarding evidence of decreased pain, improved functional status, side effects, and the morphine equivalent dosage exceeding guideline recommendations, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request Ultram 50mg #200 with 1 refill is not medically necessary and appropriate.