

<b>Case Number:</b>	CM14-0160199		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/07/1995
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date of 07/07/95. The 08/13/14 progress report states that the patient presents with back pain radiating from the lower back to both legs. The patient is able to do occasional contract work. Examination of the lumbar spine reveals loss of normal lordosis with restricted range of motion limited by pain and with tenderness to palpation of the paravertebral muscles along with spasm and tight muscle band bilaterally. There is spinous process tenderness at L5 with positive straight leg raise bilaterally. The patient's diagnoses include: 1. Post lumbar laminectomy syndrome X 2 (L4-L5 fusion in 2000 is the only date known)2. Spinal/lumbar degenerative disc disorder3. Lower back painCurrent medications as of 08/13/14 are listed as Avinza, Lyrica, Soma, Norco and Phenergan. The utilization review being challenged is dated 09/22/14. Reports were provided from 04/23/14 to 08/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Avinza 60mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78; 88-89.

**Decision rationale:** The provider presents with back pain radiating to the bilateral lower extremities. The provider requests is for retrospective Avinza 60 mg #60 (Morphine Sulfate an analgesic opioid). The reports show the patient was prescribed this medication on 04/23/14 and state he has been on the same medication regimen for more than 6 months. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports show that pain is routinely assessed through not always through the use of pain scales. Pain is rated on 06/08/14 as 4/10 with medications and 8/10 without. On 08/03/14 the provider states than Avinza decreases pain from 7.5/10 to 4/10. With "medications" the patient is reported to be stable and functional, can take occasional jobs, take the trash out, mow the yard and do gardening, help with cooking, cleaning, vacuuming, laundry, and grocery shopping. Without medications he is unable to engage in these activities. Opiate management issues are partially addressed. The reports show the patient has a signed pain contract, has been counseled about the risks, benefits and side effects of opioids, and shows no signs of intoxication or withdrawal. However, no urine toxicology reports are provided or discussed. . There is no discussion of CURES. In this case, analgesia and activities of daily living (ADL's) are documented. However, lacking documentation of medication compliance through urine drug screenings (UDS's), recommendation is not medically necessary.

**Retrospective Phenegan 25mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Promethazine (Phenergan).

**Decision rationale:** The provider presents with back pain radiating to the bilateral lower extremities. The provider requests for retrospective Phenegan 25 mg #30 with 1 refill. Presumably this request is for "Phenergan". ODG, Pain Chapter, Promethazine (Phenergan), states, "is not recommended for nausea and vomiting secondary to chronic opioid use." On 08/13/14 the provider states this medication is for nauseas associated with Avinza (an opioid analgesic). In this case, the medication is not recommended for this use per ODG above. Therefore this medication request is not medically necessary.

**Retrospective Soma 350mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** The patient presents with back pain radiating to the bilateral lower extremities. The provider requests for retrospective Soma 350 mg #90. The reports show the patient has been prescribed this medication since at least November 2013. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain page 63-66 states that this formulation is recommended for no longer than 2-3 weeks. The provider states that Soma is used for severe muscle spasms and decreases the patient's "medication" by 50% for 4 hours and increases standing time from 20 minutes to 4 hours. This report also states the patient decreased dosage to BID from TID in November 2013. In this case, it appears that the patient is using this medication long-term and MTUS recommends for only 2-3 weeks. Therefore, the request is not medically necessary.

**Retrospective Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78, 88-89.

**Decision rationale:** The patient presents with back pain radiating to the bilateral lower extremities. The provider request is for retrospective Norco 10/325 mg #120 (Hydrocodone, an opioid). The reports show the patient was prescribed this medication on 04/23/14 and indicates use for over 6 months. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports show that pain is routinely assessed but not always through the use of pain scales. Pain is rated 06/08/14 as 4/10 with medications and 8/10 without. However, on 08/03/14 the provider states that Norco helps decrease pain by 50% for 4 hours and increases the ability to stand and walk from 20 minutes without the medication to 4 hours with. With medications the patient is reported to be stable and functional and can take occasional jobs, take the trash out, mow the yard and do gardening, help with cooking, cleaning, vacuuming, laundry, and grocery shopping. Without medications, he is unable to engage in these activities. Opiate management issues are partially addressed. The reports show the patient has a signed pain contract, has been counseled about the risks, benefits and side effects of opioids and shows no signs of intoxication or withdrawal. However, no urine toxicology reports are provided or discussed. There is no discussion of CURES. In this case, analgesia and ADL's are documented. However, lacking documentation of medication compliance through UDS's, retrospective Norco 10/325mg #120 is not medically necessary and appropriate.