

<b>Case Number:</b>	CM14-0167698		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/21/2000
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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:

There were 186 pages provided for this review. In the original utilization review, Voltaren was certified and morphine sulfate and Norco were partially certified. The full treatment request was for morphine sulfate 100 mg number 60, Norco 10\325 number 90, and Voltaren 100 mg number 100. The total daily morphine equivalent dose totaled 230. Per the records provided, the claimant is described as a 67-year-old man born on [REDACTED]. He was a male correctional officer for [REDACTED] in the [REDACTED] prison who was assaulted back in the year 2000. The low back and both lower legs were part of the injury. The diagnoses were lumbar radiculitis and a failed back syndrome. There was also lumbosacral intervertebral disc disease and gait dysfunction. The diagnoses elsewhere were listed as lumbar radiculopathy, failed back syndrome with chronic pain, therapeutic drug monitoring, degeneration of the lumbosacral intervertebral disc, long-term use of medicine and gait dysfunction. The initial reviewer noted that at 230 mg over 24 hours morphine sulfate equivalent, this is twice the California recommended ceiling dose of 120 mg over 24 hours. In the peer-to-peer, there was no objective evidence of significant functional improvement despite the high-dose opiates. Therefore, the request was partially certified. Voltaren is recommended as a second line agent for back pain. He had tried acetaminophen previously. Therefore the request for the Voltaren was certified. After he was assaulted at work, he went on to surgery in 2001 and had a microdiscectomy and posterior lumbar fusion. He now has chronic pain. He was also being seen by a chiropractor. He had chronic pain stable on a regimen of Norco, Daypro, and Prilosec. As of August 19, 2013 he had a flair in symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 2.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, When to continue Opioids, Opioids for.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.