

<b>Case Number:</b>	CM14-0179035		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 45year old male with an injury date on 09/06/2000. Based on the 09/23/2014 progress report provided by [REDACTED], the diagnoses are:1. Adjacent segment disease, L3-42. Chronic pain syndromeAccording to this report, the patient complains of low back pain; overall doing the same. Physical exam reveals decreased lumbar range. Pain is rated as a 9/10 without medications and with medications it is 6-8/10. The patient is status post lumbar fusion at L4 through S1 in 2003 and has had bilateral lumbar facet MBB at L3-L4 on 05/31/2013 without relief. There were no other significant findings noted on this report. The utilization review denied the request on 10/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/2014 to 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Senna -S #120 with 2 refills between 9/23/2014 and 1/11/2015.:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** According to the 09/23/2014 report by [REDACTED] this patient presents with low back pain; overall doing the same. The provider is requesting Senna -S #120 with 2 refills between 9/23/2014 and 1/11/2015. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, provider is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Therefore, this request is medically necessary.

**1 prescription for Norco 10/325 #90 with 3 refills between 9/23/14 and 2/10/2015.:** 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): 88, 89, 76-78.

**Decision rationale:** According to the 09/23/2014 report by [REDACTED] this patient presents with low back pain; overall doing the same. Pain is rated as a 9/10 without medications and with medication it is 6-8/10. The provider is requesting Norco 10/325 #90 with 3 refills between 9/23/14 and 2/10/2015. Norco was first mentioned in the 02/20/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. Per treating physician, the patient mentions that the "medications allow improvement in function, specifically described as increasing his daily activity and increasing his sleep." The patient "attempted to wean to 2 tablets a day and reports his pain increased. He reports that his pain has worsened and his activity has declined." A "CURES report dated 09/23/2014 is consistent. Urine toxicology dated 01/14/2014 is consistent." In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and a general statement regarding ADL's. Urine toxicology and CURES report were mentioned. However, there is no demonstration of "significant" improvement in ADL's. The provider does not mention in what specific way the ADL's or functions are improved. There is no return to work or work status change with use of medication; no specific activities such as exercises, house-work, social interactions are discussed showing significant improvement due to medication use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary. Per treating physician, the patient mentions that the "medications allow improvement in function, specifically described as increasing his daily activity and increasing his sleep." The patient "attempted to wean to 2 tablets a day and reports his pain increased. He reports that his pain has worsened and his activity has declined." A "CURES report dated 09/23/2014 is consistent. Urine toxicology dated 01/14/2014 is consistent." In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and a general statement regarding ADL's. Urine toxicology

and CURES report were mentioned. However, there is no demonstration of "significant" improvement in ADL's. The treater does not mention in what specific way the ADL's or function are improvement. There is no return to work or work status change with use of medication; no specific activities such as exercises, house-work, social interactions are discussed showing significant improvement due to medication use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.