

<b>Case Number:</b>	CM14-0183734		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/23/1998
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurologist and is licensed to practice in Texas, Massachusetts and Ohio. 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 63-year-old male who reported injury on 03/23/1998. The mechanism of injury was not documented within the clinical records. The diagnoses included lumbago. The past treatments included physical therapy and surgical intervention. There were no official diagnostic imaging studies submitted for review. The surgical history included left shoulder surgery performed on 02/12/2004 and a cervical fusion performed from the C3 to the C7 level. The subjective complaints on 05/28/2014 included low back pain. The patient rates the low back pain currently 3/10 to 4/10. The physical exam noted no significant change. The injured worker's current medications were noted to include Dilaudid 2 mg, Duragesic patch, Norco 10/325, Colace 100 mg, Motrin, and Lexapro 10 mg. The treatment plan was to refill the medications. A request was received for Dilaudid 2 mg quantity 10, Duragesic patch 100 mcg quantity 5, and Norco 10/325 mg quantity 120. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was dated 07/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg Qty: 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Dilaudid 2 mg, quantity 10, is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as the most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient has chronic low back pain. There was not adequate documentation in the clinical notes of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of a quantified numerical pain relief, side effects, physical and psychosocial function, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Retro: Duragesic patch 100mcg Qty: 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for retro Duragesic patch, 100 mcg, quantity 5, is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as the most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient has chronic low back pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial function, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Retro: Norco 10/325mg Qty: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for retro Norco 10/325 mg, quantity 120, is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side

effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient has chronic low back pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of a quantified numerical pain relief, side effects, physical and psychosocial function, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.