

<b>Case Number:</b>	CM14-0185028		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

Electromyogram (EMG) and Nerve Conduction Studies (NCV) studies of the bilateral lower extremities performed on June 12, 2014 documented normal NCV study and electrodiagnostic findings do not suggest the presence of any neuropathies and nerve entrapment. EMG findings of chronic right L5 radiculopathy. No evidence of active denervation. Magnetic resonance imaging (MRI) of the lumbar spine done on July 2, 2014 showed no significant disc herniation. The patient underwent anterior and posterior fusion in August 2011 and removal of hardware in May 2013. Prior treatments also included medications, physical therapy and epidural steroid injection. According to a progress report dated September 18, 2014, the patient remained symptomatic with low back pain. The pain may radiate into the lower extremities. He noted numbness affecting the right thigh and both feet. The patient rated his pain as a 3/10 with medication and 8-9/10 without medications. He noted constipation secondary to pain medications. The patient had completed an opioid risk assessment profile and was found to be at low risk for abuse. He completed a random UDS on August 20, 2014 with results consistent with his prescribed medications. Examination of the lumbar spine revealed a 1+ muscle spasm and negative twitch response. Range of motion: flexion 30 degrees, extension 5 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees, right rotation 40 degrees, and left rotation 40 degrees. The patient had a positive straight leg raise right at 30 degrees and left at 45 degrees. Muscle testing: anterior tibialis left 5/5 and right 4-5/5, peroneus longus/brevis left 5/5 and right 4-5/5, and extensor hallucis longus left 4-5/5 and right 4/5. The patient had decreased sensory over the right L4 greater than L3 greater than bilateral L5 and S1 dermatomes. Patellar 1+ bilaterally and Achilles left 1 + and right trace. The patient was diagnosed with chronic severe low back pain, chronic right L5 radiculopathy, and lumbar central and neuroforaminal stenosis. The provider

requested authorization to use Morphine ER, Norco, and transportation to and from surgery center.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine ER 15 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. Therefore, the request for prescription of Morphine ER 15mg is not medically necessary.

**Norco 10/325 mg # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of

daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #180 is not medically necessary.

**Transportation to and from surgery center:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure

**Decision rationale:** There is no documentation that the patient is unable to use public transportation safely and independently to attend his medical appointments. Therefore, the request for transportation to and from surgery center is not medically necessary.