

<b>Case Number:</b>	CM15-0010498		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/06/2002
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 year old male injured worker suffered an industrial injury on 12/6/2002. The diagnoses were lumbar disc disease, lumbar strain and radiculitis, anxiety, and chronic sacro-iliac radiculopathy. The treatments were medications and acupuncture. The treating provider reported the pain was extreme in the lumbar spine with radiation to the lower extremities. On exam revealed impaired gait with difficulty walking along with tenderness in the lumbar spine. Range of motion is painful and restricted. The Utilization Review Determination on 12/23/2014 non-certified: 1. Norco 10/325mg #60 citing MTUS Chronic pain Treatment Guidelines, opioids2. Oxycodone IR, MTUS Chronic pain Treatment Guidelines, opioids3. DDS (disc disease solutions) MAX citing MTUS Chronic pain Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 DOS 11-21-14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Opioids fo.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient has extreme pain in the lower back and pain into the lower extremities. The current request is for Norco 10/325mg #60 DOS 11/21/14. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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 for documentation of the clinical use of these controlled drugs." In this case, there is no documentation for continued opioid usage. There are no before and after pain scales documented, no functional benefits noted in ADLs and there is no discussion indicating any adverse side effects or aberrant drug behaviors. There is also a lab report indicating non-compliance with hydrocodone and Oxycodone. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.

**Oxycodone IR 30mg #60 DOS 11-21-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Opioids fo.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient has extreme pain in the lower back and pain into the lower extremities. The current request is for Oxycodone IR 30mg #60 DOS 11/21/14. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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 for documentation of the clinical use of these controlled drugs." In this case, there is no documentation for continued opioid usage. There are no before and after pain scales documented, no functional benefits noted in ADLs and there is no discussion indicating any adverse side effects or aberrant drug behaviors. There is also a lab report indicating non-compliance with hydrocodone and Oxycodone. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.

**DDS Max DOS 11-21-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Traction

**Decision rationale:** The patient has extreme pain in the lower back and pain into the lower extremities. The current request is for DDS Max DOS 11/21/14. ODG does recommend home cervical patient controlled traction (using a seated over-the-door device or pneumatic device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with home exercise. In this case, the attending physician requests a cervical traction unit (DDS Max) for a lumbar condition/diagnosis. The attending physician offers no explanation as to why the patient's low back condition would warrant a cervical traction unit. Medical necessity is not supported by the current available records. As such, recommendation is for denial.