

<b>Case Number:</b>	CM15-0011302		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 71 year old female who sustained a work related injury on May 6, 2002, incurring lower back injuries. Treatment consisted of an anterior and posterior spinal fusion of the lumbar sacral spine, placement of a spinal cord stimulator which later had to be removed, physical therapy and narcotic pain medications. Diagnoses included Lumbar sacral degenerative disc disease, neuralgia, radiculitis and reflex sympathetic dystrophy. Currently, the injured worker complains of ongoing severe pain in both buttock regions radiating down both legs, and difficulty with activities of daily living. On January 28, 2015, a request for a prescription for Oxycontin 80 mg #90 was modified to a prescription of Oxycontin 80 mg #45; and a prescription of Norco 10/325mg #180 was non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325 mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's"(Analgesia, activities of daily living, adverse side effects, and any 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."Per progress report dated 12/2/14, it was noted that the injured worker rated her pain 4/10 with medications and 10/10 without them. She stated that she got 50% reduction in her pain and 50% functional improvement with activities of daily living. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that urine drug screens have been appropriate. I respectfully disagree with the UR physician, the documentation supports ongoing opiate use. The request is medically necessary.

**Oxycontin 80 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any 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."Per progress report dated 12/2/14, it was noted that the injured worker rated her pain 4/10 with medications and 10/10 without them. She stated that she got 50% reduction in her pain and 50% functional improvement with activities of daily living. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that urine drug screens have been appropriate. I respectfully disagree with the UR physician, the documentation supports ongoing opiate use. The request is medically necessary.