

<b>Case Number:</b>	CM15-0012831		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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

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:

This 44 year old male sustained a work related injury on 02/08/2007. According to a progress report dated 01/08/2015, the injured worker was seen for lower backache. Pain level was unchanged since the last visit. Pain was rate 6 on a scale of 1-10 with medication s and a 10 without medications. Activity level remained the same. Injury date was noted as 02/08/2007 on the progress report. Medications included Kadian, Lidoderm 5% Patch, Flexeril, Norco, Xarelto and Xerac. Diagnoses included lumbar/lumbosacral disc degeneration, lumbago, low back pain, lumbar facet syndrome and disc disorder lumbar. Previous treatments included medications, physical therapy, massage, chiropractic therapy, aqua therapy and epidural steroid injections. Prescriptions were given for Kadian and Norco. The injured worker was permanent and stationary and was working as an instructor. On a previous visit dated 11/13/2014, the injured worker's pain level was rated 5 on a scale of 1-10 with medications and a 9 without medications, which was less than the later visit of 01/08/2015. Medications listed included Norco and Kadian. Documentation submitted for review dated back to 06/2014 and indicated that the injured worker had been taking Kadian consistently since that time. Norco was noted on the injured worker's medication regimen consistently back to 07/2014. On 01/08/2015, Utilization Review non-certified retrospective purchase for date of service 12/11/2014 for Hydrodo/Acet (Norco 10/325mg #210 and Kadian (Morphine Sulfate) 30mg #100. According to the Utilization Review physician, CA MTUS does not recommend long term opioids and there was no documentation or rationale that the requested medications are required for treatment of the injury of 02/08/2007. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Hydrodo/Acet (Norco) 10/325mg #210 DOS 12/11/14:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retro Hydrodo/Acet (Norco) 10/325mg #210 DOS 12/11/14 is not medically necessary and appropriate.

**Retro Kadian (Morphine Sulfate) 30mg #100 DOS 12/11/14:** Upheld

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

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

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted

reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retro Kadian (Morphine Sulfate) 30mg #100 DOS 12/11/14 is not medically necessary and appropriate.