

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0013467 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 05/24/2001 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 24, 2011. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve requests for Norco, Motrin, Lyrica, MS Contin, Soma, and tramadol. The claims administrator referenced an RFA form received on December 15, 2014 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, seemingly suggested that the most recent note on file was June 26, 2014 progress note. On April 30, 2014, the applicant reported ongoing complaints of low back pain, 10+/10. The applicant was on Motrin, MiraLax, Norco, tramadol, Lyrica, MS Contin, Soma, and Valium, it was stated. The attending provider stated that the applicant medications were beneficial. The applicant was given diagnosis of chronic low back pain status post failed lumbar spine surgery. Valium, Norco, Motrin, Lyrica, MiraLax, MS Contin, Soma, and tramadol were renewed. The applicant was deemed "disabled" it was acknowledged. On June 26, 2014, the applicant again presented with 10+/10 pain complaints. The applicant reported issues with sleep disturbance. The attending provider stated that the applicant would have difficulty sleeping without his medications. The applicant's medications included Motrin, MiraLax, tramadol, Lyrica, Soma, MS Contin, and Valium, it was acknowledged. The applicant was using a walker to move about. The applicant was deemed "disabled" it was acknowledged at the bottom of the report. Multiple medications were renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetaminophen 10/325 mg, ninety count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** 1. No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, despite ongoing Norco usage. The applicant had been deemed disabled, it was acknowledged in progress notes of April 30, 2014 and June 27, 2014, referenced above. 10+/10 pain was evident on those dates. The attending provider failed to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Ibuprofen 800 mg, ninety count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 2. Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing ibuprofen usage. The applicant remained dependent on opioid agents such as morphine, tramadol, and Norco. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a walker to move about as of June 26, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

**Lyrica 150 mg, sixty count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 3. Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work as of progress notes of April and June 2014, referenced above. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged on that date. The applicant was having difficulty performing activities of daily living as basic as standing and walking, was apparently using a walker to move about, it was suggested on June 26, 2014. Severe, 10/10 pain complaints were evident. Ongoing usage of Lyrica had failed to appreciably curtail or diminish the applicant's dependence on opioid agents. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

**MS Contin 15 mg, 120 count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** 4. Similarly, the request for MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged. The applicant was receiving both Workers' Compensation indemnity benefits and disability benefits, it was acknowledged on June 26, 2014. The applicant was having difficulty performing activities of daily living as basic as standing and walking, was using a walker on June 26, 2014. Severe, 10/10 pain was reported on that date. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request was not medically necessary.

**Soma 350 mg, fifteen count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 97.

**Decision rationale:** 5. Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on pages 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using three separate opioid agents, MS Contin, tramadol, and Norco. Adding carisoprodol or Soma to the mix was not recommended. Therefore, the request was not medically necessary.

**Tramadol 50 mg, ninety count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management. Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -.

**Decision rationale:** 6. Finally, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioid agents, tramadol and Norco. Therefore, the request was not medically necessary.