

<b>Case Number:</b>	CM15-0019900		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Florida  
 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 64-year-old male injured worker suffered an industrial injury on 3/14/2008. The diagnoses were chronic back pain, status post lumbar fusion, lumbar radiculopathy, cervical radiculopathy, spinal stenosis and neck pain. There are associated diagnoses of major depression and personality disorder. The past surgery history is significant for L3 to S1 spinal fusion in 2011 followed by laminectomy and revision surgeries. The diagnostic studies were x-rays, and magnetic resonance imaging. The treatments were PT, psychotherapy, spinal fusion and re-do laminectomy with hardware removal 7/15/2014 and medications. On 1/15/2015, there was subjective complaint of severe chronic back pain. The medications listed are MS Contin, Vicodin ES, Prilosec, Dexilant and gabapentin. The UDS reports were consistent with prescribed medications. There was documentation of functional restoration with utilization of the medications. It was noted that further PT was not authorized. The Utilization Review Determination on 1/16/2015 non-certified: 1. MS Contin 30mg #60 modified to #48, citing MTUS. 2. Vicodin ES 7.5/300mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment of severe musculoskeletal pain when surgeries, interventional pain procedures and all other non opioid treatment modalities have been exhausted. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, opioid induced hyperalgesia, addiction and adverse interaction with sedative medications. The records indicate that the patient had completed multiple spine surgeries, PT, psychotherapy and non-opioid medications management. The subjective and objective findings are consistent with the presence of severe pain that is responsive to medications management. There are documentations of the guidelines compliance monitoring of consistent UDS and functional restoration. The criteria for the use of MS Contin 30mg #60 was met.

**Vicodin ES 7.5/300mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment of severe musculoskeletal pain when surgeries, interventional pain procedures and all other non opioid treatment modalities have been exhausted. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, opioid induced hyperalgesia, addiction and adverse interaction with sedative medications. The records indicate that the patient had completed multiple spine surgeries, PT, psychotherapy and non-opioid medications management. The subjective and objective findings are consistent with the presence of severe pain that is responsive to medications management. There are documentations of the guidelines compliance monitoring of consistent UDS and functional restoration. The Hydrocodone is being utilized for the control of breakthrough pain. The criteria for the use of Vicodin ES 7.5/300mg #90 was met.