

<b>Case Number:</b>	CM15-0114057		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/17/1998
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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 injured worker is a 59 year old male who sustained an industrial injury on 03/17/1998. Current diagnoses include cervical pain and cervicgia. Previous treatments included medication management. Previous diagnostic studies include urine drug screenings. Report dated 05/19/2015 noted that the injured worker presented with complaints that included continued neck and shoulder pain. It was noted that medications help to decrease pain, improve function, improve quality of life, and help perform activities of daily living. Documentation supports that he is able to cook, do laundry, garden, shop, bathe, able to dress, and drive. Pain level was 3 out of 10 on a visual analog scale (VAS) with medication. Current medications include ibuprofen, and Amrix. Physical examination was positive for cervical spine tenderness and decreased range of motion, lumbar spine tenderness at the facet joint and decreased range of motion. The treatment plan included prescriptions for Kadian and Norco, and urine drug screen was performed. Disputed treatments include Kadian and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 60mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for abhorrent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for Kadian 60mg #60 is determined to be medically necessary.

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for norco 10/325mg #120 is determined to be medically necessary.