

<b>Case Number:</b>	CM15-0125147		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 4/10/02. He reported pain in his lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, low back pain and post lumbar laminectomy syndrome. Treatment to date has included acupuncture, a lumbar epidural injection in 6/2014 with benefit and an EMG/NCS on 3/12/07 with normal results. Current medications include Androgel, Trazodone, Adderall, Buspar, Prozac, Gabapentin, Flexeril, MS Contin and Norco since at least 1/15/15. As of the PR2 dated 6/4/15, the injured worker reports pain in lower back is unchanged since the last visit. He rates his pain a 4/10 with medications and an 8/10 without medications. Objective findings include lumbar flexion limited to 70 degrees, extension 15 degrees, decreased lumbar lordosis and antalgic gait. The treating physician plans to taper the MS Contin from 300mg/day to 275mg/day. The treating physician requested MS Contin 100mg #60, MS Contin 15mg # 30, MS Contin 60mg #30 and Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with lower backache rated 4/10 with and 8/10 without medications. The request is for MS Contin 100mg #60. The request for authorization is dated 06/10/15. Physical examination of the lumbar spine reveals range of motion is restricted and decreased lumbar lordosis. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. On sensory examination, light touch sensation is decreased. Patient has failed acupuncture. Patient had a TFESI on 04/09/13, and states it was not as helpful as the last one for his leg pain. Patient's medications include Androgel, Trazodone, Adderall, Buspar, Prozac, Gabapentin, Flexeril, MS Contin and Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed MS Contin since at least 01/15/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4A's, treater does not discuss how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated 05/07/15 was provided. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Furthermore, MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

**Ms Contin 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with lower backache rated 4/10 with and 8/10 without medications. The request is for Ms Contin 15mg #30. The request for authorization is dated 06/10/15. Physical examination of the lumbar spine reveals range of motion is restricted and

decreased lumbar lordosis. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. On sensory examination, light touch sensation is decreased. Patient has failed acupuncture. Patient had a TFESI on 04/09/13, and states it was not as helpful as the last one for his leg pain. Patient's medications include Androgel, Trazodone, Adderall, Buspar, Prozac, Gabapentin, Flexeril, MS Contin and Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed MS Contin since at least 01/15/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4A's, treater does not discuss how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated 05/07/15 was provided. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Furthermore, MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

**Ms Contin 60mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with lower backache rated 4/10 with and 8/10 without medications. The request is for Ms Contin 60mg #30. The request for authorization is dated 06/10/15. Physical examination of the lumbar spine reveals range of motion is restricted and decreased lumbar lordosis. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. On sensory examination, light touch sensation is decreased. Patient has failed acupuncture. Patient had a TFESI on 04/09/13, and states it was not as helpful as the last one for his leg pain. Patient's medications include Androgel, Trazodone, Adderall, Buspar, Prozac, Gabapentin, Flexeril, MS Contin and Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it

takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed MS Contin since at least 01/15/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated 05/07/15 was provided. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Furthermore, MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with lower backache rated 4/10 with and 8/10 without medications. The request is for Norco 10/325MG #120. The request for authorization is dated 06/10/15. Physical examination of the lumbar spine reveals range of motion is restricted and decreased lumbar lordosis. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. On sensory examination, light touch sensation is decreased. Patient has failed acupuncture. Patient had a TFESI on 04/09/13, and states it was not as helpful as the last one for his leg pain. Patient's medications include Androgel, Trazodone, Adderall, Buspar, Prozac, Gabapentin, Flexeril, MS Contin and Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/15/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of

ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated 05/07/15 was provided. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Therefore, the request is not medically necessary.