

<b>Case Number:</b>	CM15-0128643		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 62-year-old male, who sustained an industrial injury on 3/28/03. He has reported initial complaints of severe pain and a snap in the back after pulling a beam chair out that he just finished welding. The diagnoses have included chronic intractable low back pain, lumbar degenerative disc disease, lumbar stenosis, lumbar facet arthropathy, chronic pain syndrome and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, activity modifications, rest, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/20/15, the injured worker complains of ongoing low back pain that radiates to the left leg. The pain is rated 8-9/10 on pain scale but is decreased to 5-6/10 with use of medications. The medications allow him to be independent and continue working. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Norco and Opana. The physical exam reveals that the lumbar spine has tenderness to palpation and guarding and the range of motion is decreased due to pain. The urine drug screen dated 4/21/15 was consistent with the medications prescribed. The physician requested treatments included Norco 10/325 mg #150 and Opana ER15 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 8-9/10 to 5-6/10 and allowing him to continue working as an iron worker. When seen, his BMI was over 29. There was lumbar paraspinal tenderness and guarding with decreased and painful range of motion. Norco and Opana ER were prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Urine drug tests were reviewed and had shown Tramadol, being prescribed by another provider. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Urine drug screening suggests medication misuse. Ongoing prescribing of Norco was not medically necessary.

**Opana ER15 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 8-9/10 to 5-6/10 and allowing him to continue working as an iron worker. When seen, his BMI was over 29. There was lumbar paraspinal tenderness and guarding with decreased and painful range of motion. Norco and Opana ER were prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Urine drug tests were reviewed and had shown Tramadol, being prescribed by another provider. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Urine drug screening suggests medication misuse. Ongoing prescribing of Opana ER was not medically necessary.