

<b>Case Number:</b>	CM15-0177385		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/21/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This is a 56 year old male with a date of injury of March 21, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, myofascial pain syndrome of the lumbar spine, lower back pain, and chronic pain syndrome. Medical records (April 28 through July 27, 2015) indicate that the injured worker complains of lower back pain and bilateral leg pain. The injured worker's work status was not documented in the submitted medical records. The physical exam dated June 2, 2015 reveals tenderness of the lumbar paravertebral muscles at all levels, slightly antalgic gait, use of a cane, and restriction in all planes. The progress note dated July 27, 2015 documented a physical examination that showed no changes since the examination on June 2, 2015. Treatment has included medications (Kadian increased to 180mg (from 100mg) twice a day on July 27, 2015; Fentora increased to 800mcg (from 600mcg) up to four units each day on July 27, 2015; Baclofen 20mg four times a day since at least March of 2015; Trazodone 100mg at bedtime since at least March of 2015; Alprazolam 1mg twice each day since at least March of 2015). A urine drug screen conducted on June 2, 2015 showed results consistent with the injured worker's medications. The original utilization review (August 14, 2015) non-certified a request for Kadian 180mg and Fentora 800mcg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 180mg 1 tablet twice a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, medications were not helping as much as he wanted them to. Pain was rated at 7/10. Physical examination findings included lumbar paravertebral muscle tenderness with a slightly antalgic gait. He had decreased lumbar spine range of motion. He was using a cane. Medications being prescribed included Kadian and Fentora and the doses were increased. The total MED (morphine equivalent dose) was in excess of 600 mg per day. 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 five times that recommended. There are no unique features of this case that would support dosing at this level and medications are not providing adequate pain control. Increasing rather than weaning of the currently prescribed medications is being done. Ongoing prescribing at this dose is not medically necessary.

**Fentora 800mcg 1 tablet four times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, medications were not helping as much as he wanted them to. Pain was rated at 7/10. Physical examination findings included lumbar paravertebral muscle tenderness with a slightly antalgic gait. He had decreased lumbar spine range of motion. He was using a cane. Medications being prescribed included Kadian and Fentora and the doses were increased. The total MED (morphine equivalent dose) was in excess of 600 mg per day. 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 five times that recommended. There are no unique features of this case that would support dosing at this level and medications are not providing adequate pain control. Increasing rather than weaning of the currently prescribed medications is being done. Ongoing prescribing at this dose is not medically necessary.