MAXIMUS Federal Services

| Case Number: | CM15-0074093 | | |
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| Date Assigned: | 04/24/2015 | Date of Injury: | 01/25/2002 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on January 25, 2002. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having pain in joint - ankle and foot, cervicalgia, pain in thoracic spine, enthesopathy of hip region, lumbago, other affections shoulder region not otherwise classified, and disorders of sacrum. He was status post right sacroiliac joint fusion in 2011 and right shoulder total replacement in 2012. Diagnostics to date has included MRI and drug screening. Treatment to date has included aquatic physical therapy, chiropractic therapy, psychotherapy, left shoulder steroid injection, sacroiliac joint steroid injection, steroid injection of the right piriformis muscle and right greater trochanteric bursa, cervical medial branch block, radiofrequency ablation, medical food, and short-acting and long acting opioid, muscle relaxant, anti-anxiety, non-steroidal anti-inflammatory, and anti-epilepsy medications. On April 7, 2015, the injured worker complains of continued lumbar spine pain at the screw site. He went to an emergency room earlier in the month for intense pain, where he was given intravenous opioid and x-rays were obtained. His left shoulder surgery will be in the fall sometime. He is seeing another physician later this day regarding cervical spine nerve block. The physical exam revealed decreased back range of motion, right shoulder deformity, and decreased bilateral shoulder range of motion - greater on the left than the right. The treatment plan includes continuing his current short-acting and long acting opioid medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin since at least 2015 without any substantial pain relief or functional benefits. There is no rational from using 2 opioids. Therefore, the request of MS Contin 30 mg #120 is not medically necessary.

**Norco 10/325 mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to

the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. There is no rational from using 2 opioids. Therefore, the prescription of Norco 10/325 mg #240 is not medically necessary.