

Case Number:	CM13-0006202		
Date Assigned:	01/03/2014	Date of Injury:	09/14/1993
Decision Date:	01/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 77-year-old male who reported an injury on 10/20/1994. The patient has ongoing chronic cervical spine pain radiating into the bilateral upper extremities and low back pain. The patient underwent platelet rich plasma injections that did provide a reduction in pain. It is noted that the patient is stable and functional with the use of MS Contin and that the patient is able to sleep for longer durations secondary to the medication usage. The most recent clinical findings included tenderness to palpation of the cervical spinal musculature, a negative straight leg raising test bilaterally and 5/5 bilateral muscle strength in the upper and lower extremities. The patient's diagnoses included lumbosacral interval disc degeneration without myelopathy and lumbosacral neuritis/radiculitis. The patient's treatment plan included continuation of medications to include MS Contin, Norco, Lyrica, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #120 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The requested MS Contin 30mg #120 with 6 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration and is provided functional benefit, pain relief, lack of adverse side effects, and is monitored for aberrant behavior. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids be supported by functional benefit, pain relief, management of side effects, and monitoring for aberrant behavior. Although the requested medication may be indicated, the request is for 6 refills. This does not allow for timely re-assessment and continued determination of efficacy. As such, the requested MS Contin 30mg #120 with 6 refills is not medically necessary or appropriate.

Norco 10/325mg #180 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #180 with 6 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration and is provided functional benefit, pain relief, lack of adverse side effects, and is monitored for aberrant behavior. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids be supported by functional benefit, pain relief, management of side effects, and monitoring for aberrant behavior. Although the requested medication may be indicated, the request is for 6 refills. This does not allow for timely re-assessment and continued determination of efficacy. As such, the Norco 10/325 mg #180 with 6 refills is not medically necessary or appropriate.

Lyrica 75mg #180 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 99.

Decision rationale: The requested Lyrica 75mg #180 with 6 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is stable on his medications and has functional benefit and pain relief. The California Medical Treatment and Utilization Schedule recommends the continued use of medications for chronic pain be supported by pain relief and functional benefit. Although the continued use of this medication may be indicated, the request is for 6 refills. The length of the request does not

allow for timely re-assessment to determine the efficacy of continued use of this medication. As such, the requested Lyrica 75mg #180 with 6 refills is not medically necessary or appropriate.