

Case Number:	CM13-0060969		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2002
Decision Date:	05/08/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 43-year-old male who reported an injury on 09/30/2002 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, multiple medications, and epidural steroid injections that ultimately resulted in an L4-5 and L5-S1 global fusion. The injured worker continued to have chronic low back pain that was managed with medications. The injured worker was evaluated for aberrant behavior with urine drug screens. The injured worker was evaluated on 11/20/2013. Physical findings at that examination included restricted range of motion secondary to pain, a positive straight leg raising test bilaterally, positive lumbar facet loading bilaterally, tenderness to palpation of the paravertebral musculature, and diminished deep tendon reflexes of the lower extremities bilaterally. The injured worker's diagnosis included post lumbar laminectomy. The injured worker's treatment plan included continuation of MS Contin and Norco for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 MS CONTIN 60MG WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested 120 MS Contin 60mg with one refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain relief to support the efficacy of this medication. Additionally, the clinical documentation fails to identify significant functional benefit related to medication usage. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 120 MS Contin 60mg with one refill is not medically necessary or appropriate.

90 NORCO 10/325MG WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested 90 Norco 10/325mg with one refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain relief to support the efficacy of this medication. Additionally, the clinical documentation fails to identify significant functional benefit related to medication usage. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 90 Norco 10/325mg with 1 refill is not medically necessary or appropriate.