

Case Number:	CM14-0104602		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2009
Decision Date:	10/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This 35 year old injured worker has a date of injury of Dec 28, 2009. He had surgery for a right hip labral tear. He also had chronic back pain that was rated a 4/10 on medications and 6/10 off medications. He had undergone physical therapy and an injection. He takes MS Contin and Norco with a history of also taking marijuana. It is stated the worker has incomplete pain relief, improved functionality, no aberrant drug-seeking behavior, and the ability to perform activities of daily living (ADLs) with his pain medication. On exam, he had paraspinal tenderness at the level of L3-5. His diagnoses included lumbago, degenerative disc disease and lumbar facet syndrome. Magnetic resonance imaging from 2010 shows disc bulging and foraminal stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75,78-80, 91, 93,124.

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

Decision rationale: MS Contin tablets are long-acting opioid analgesics. This medication is indicated for the treatment of moderate to severe and chronic pain. Morphine sulfate extended release is recommended by the Official Disability Guideline as a first line long-acting opioid. Morphine sulfate extended release tablets are dosed twice to three times a day. Long-acting opioids, also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels and provide around-the-clock analgesia. Per the Medical Treatment Utilization Schedule, under the criteria for use of opioids, actions should include: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, as well as how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. It is stated the injured worker has incomplete pain relief, improved functionality, no aberrant drug-seeking behavior and the ability to perform activities of daily living with his pain medication. However, complete information is missing including current pain, any side effects, the least reported pain over the period since last assessment, average pain, and how long it takes for pain relief and how long the pain relief lasts. Although not a requirement, for longterm opioid treatment, a written contract is supported. Therefore, the request is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75,78-80, 91, 93,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List; Opioids for Chronic Pain Page(s): 91; 81.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain and has been prescribed MS Contin with Norco for breakthrough pain. Complete information is missing including current pain, the least reported pain over the period since last assessment, average pain, side effects, as well as how long it takes for pain relief, and how long the pain relief lasts. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell-Annals, 2007). Therefore, the request is not medically necessary.