

Case Number:	CM14-0107055		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2013
Decision Date:	10/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 is a patient with a date of injury of 7/10/13. A utilization review determination dated 6/2/14 recommended non certification for the requested hydrocodone 10/325mg #120, stating that the medical records did not document increased functionality and decreased pain scores with use of hydrocodone and MS contin and do not support continued use. A progress report dated 3/13/14 identifies that the patient complained of pain to the left elbow and increased pain in the lower back and toes of the left foot with radiation down the left leg. The patient reported that the pain was associated with tingling and numbness in the left arm, left leg and left foot with weakness in the left arm and leg. Patient reported a pain score of 7 /10 during that visit. The patient also reported improvement in pain with medication but then goes on to say symptoms have been unchanged since injury. The patient avoids work, household chores and socializing due to increased pain. Objective examination findings show that the patient had full range of motion of the neck and a normal shoulder exam. The back exam had forward flexion of 45 degrees, extension of 15 degrees, side bending 20 degrees and rotation was limited. The patient had tenderness over the bilateral lumbar paraspinal muscles consistent with spasm. The patient had a positive straight leg raise on the left side, positive Patricks test, positive Gaenslens maneuver and a negative Storks test. Diagnoses include lumbar radiculopathy, insomnia and left elbow enthesopathy. The treatment plan discusses an MRI that was done showing an L4-5 disc herniation with spinal canal stenosis. Patient was to continue Gabapentin, Terocin, Norco, MS Contin, Anaprox and Omeprazole. A psychological evaluation was also requested to evaluate the patient for anxiety and depression. A progress report dated 3/26/14 identifies that the patient does in fact have mild depression and severe anxiety. A progress report dated 4/29/14 identifies that the patient underwent a transforaminal epidural steroid injection at L4-5. A subsequent physical therapy note dated 5/5/14 identifies that the patient is still unable to work and states that

his wife helps him with dressing and bathing. The patient complains of pain with walking and rates his pain at a 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

MS Contin mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

