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| Case Number: | CM14-0108409 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/18/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 50-year-old female who sustained a work related injury on 4/18/2011 as a result of tripping over the raised portion of a sidewalk and falling, injuring her right shoulder, right hip, lower back and neck, as well as developing behavioral health problems. Since then she has had pain in the areas listed. Her most recent office visit in association with this request dated 06/04/2014 identifies that the patient complains of achy, burning pain in the lower back and bilateral hips without radiculopathy. Pain is 7/10 with medication use, 10/10 without. Her medications allow her to work, exercise and perform activities of daily living. She has an opioid agreement with her physician and has been identified as having a low opioid risk. On examination, she has tenderness over the L4-5 and L5-S1 and sacroiliac regions, a negative Patricks' and Gaenslen's test with near full active range of motion. Neurological exam is absent of strength deficits, but deep tendon reflexes identify the Achilles as +1 bilaterally. The patient has a negative straight leg raise. In dispute is a decision for Norco 10/325mg #180 and MS-Contin 30mg, #90 (which equals a 6 week supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Per page 86 of the CA MTUS guidelines, the recommended milligram equivalent that should not be exceeded is 120, not 50. The patient's MEE is calculated as 90. Since the patient has documented functional improvement with the use of the medication, a low abuse risk and a documented opioid contract with her physician, continued use should be authorized as it is medically necessary in order for the patient to be functional.

MS-Contin 30Mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75,91.

Decision rationale: 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. Long-acting opioids include: Morphine, Oxycodone, Fentanyl, and Hydromorphone. Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Per page 86 of the CA MTUS guidelines, the recommended milligram equivalent that should not be exceeded is 120, not 50. The patient's MEE is calculated as 90. Since the patient has documented functional improvement with the use of the medication, a low abuse risk and a documented opioid contract with her physician, continued use should be authorized as it is medically necessary in order for the patient to be functional.