

Case Number:	CM14-0119103		
Date Assigned:	08/06/2014	Date of Injury:	09/28/1994
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 case involves a 72 year old male who was injured on 09/28/1994. The injured worker had a 3 level lumbar fusion in 10/2011. On 06/2014, the injured worker complained of worsening pain. The MRI of the lumbar spine revealed mild posterior disk protrusion at L1-2 with moderate protrusion at L2-3; moderate to advanced central stenosis at L2-3; anterior spondylosis at L2-3; mild posterior disk protrusion at L4-5 without significant narrowing of the recess; and mild anterolisthesis of L3 on L4. The injured worker's medications included Norco, Morphine IR and Alprazolam. The physical exam showed 0 to 1 deep tendon reflexes at biceps, triceps, brachioradialis, knee and ankle. The straight leg raising was supple and he was able to be performed to 90 degrees seated but did aggravate his back pain. In addition, there was significant lumbar tenderness near the origin of the erector spine. The injured worker was diagnosed with failed back and chronic mechanical back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines morphine sulfate : Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: MSIR 15mg #150 with 2 refills is not medically necessary. The MTUS guidelines state that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances such as, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring, or the patient requests discontinuing. The injured worker's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the injured worker was permanent and stationary. The injured worker has long-term use with this medication and there was a lack of improved function with this opioid, therefore, the requested medication is not medically necessary.

Norco 10/325mg no quantity specified with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Norco 10/325mg with 4 refills is not medically necessary. The MTUS guidelines state that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring, or the patient requests discontinuing. The injured worker's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the injured worker was permanent and stationary. The injured worker has long-term use with this medication and there was a lack of improved function with this opioid, therefore, the requested medication is not medically necessary.