

<b>Case Number:</b>	CM14-0161753		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Practice and is licensed to practice in Pennsylvania. 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 worker sustained an injury on April 4, 2007. According to a physician encounter note on May 5, 2014, the diagnoses include chronic pain syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc, pain self-management deficit, chronic. Medications included MS Contin 15 mg one tablet 4 times a day, Norco 10 mg/325 mg one tablet every 6 hours as needed. Physical exam on that date revealed tenderness in the cervical spine region, lumbar spine region and iliolumbar region. Gait was normal. There was pain with active range of motion of the cervical spine and lumbar spine. It was stated that the patient's back pain is stable. On June 27, 2014 she hurt herself when repositioning a child on the bed and had pain in the neck, right arm and paresthesias and numbness in the right scapula down to the mid back. She was evaluated in the emergency room and given Valium and Percocet. The diagnoses according to the clinical encounter summary on July 1, 2014 were the same as above. It was stated that the pain level was "same". It was stated that activities of daily living "improved with medication". Medications included Ambien, baclofen, bupropion, clonazepam, cyclobenzaprine, Medrol, MS Contin, Norco, progesterone, Valium, Vivelle-Dot transdermal patch. At a followup encounter on September 17, 2014, it was stated that neck and tingling in the right hand are better. The flare had subsided and she was back to baseline. She reported muscle aches and arthralgias/joint pain. Physical examination revealed palpable tenderness in the cervical, lumbar and iliolumbar regions. Pain was elicited by motion in the cervical and lumbar spine. Gait was normal. Diagnoses remained the same as above. Medications included MS Contin 15 mg one tablet 4 times a day, Norco 10 mg/325 mg one tablet every 6 hours as needed. Other medications she had been taking according to last review of July 1, 2014 included Baclofen, Bupropion, Clonazepam, Cyclobenzaprine, Diazepam, Progesterone, Vivelle-Dot and Zolpidem.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg tab, ER, 1 tab x 4 per day x 30 days, Quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for MS Contin.

**Norco 10mg/325mg tab 1 tab x 30 days Quantity: 120, refill x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.