

Case Number:	CM14-0034253		
Date Assigned:	06/23/2014	Date of Injury:	09/20/2002
Decision Date:	08/05/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/19/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a 9/20/02 date of injury. At the time (2/18/14) of request for authorization for MS Contin 60 mg #120 and Norco 10/325mg #240, there is documentation of subjective (neck, shoulder, and arm pain) and objective (not specified) findings, current diagnoses (cervical radiculopathy and shoulder joint pain), and treatment to date (medications (including ongoing treatment with opioids that improve sitting, standing, and waling tolerance by 100%)). Medical report identifies that the terms of the narcotic contract were re-iterated. 3/18/14 medical report identifies that the patient showed improvements in function and pain with prior Norco use and 90% improvement in pain as a result of MS Contin. Regarding MS Contin, there is no documentation of chronic pain and the need of continuous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 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 KADIAN (MORPHINE SULFATE), OPIOIDS Page(s): 74-80; 93.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulfate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of MS Contin (Morphine Sulfate). Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy and shoulder joint pain. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of ongoing treatment with opioids (including MS Contin) and improvements in function and pain as a result of MS contin use to date. However, there is no documentation of chronic pain and the need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 60 mg #120 is not medically necessary.

Norco 10/325mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy and shoulder joint pain. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of functional benefit and improvement as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #240 is medically necessary.

