

Case Number:	CM14-0038852		
Date Assigned:	06/27/2014	Date of Injury:	02/08/2008
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old female who reported an injury on 02/28/2008 due to a slip and fall at work. The injured worker was diagnosed with lumbar radiculopathy; spinal lumbar degenerative disc disease; lumbago; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; spasm of muscle; neuralgia; and neuritis and radiculitis, not otherwise specified. Diagnostic studies included an MRI of the lumbar spine which was performed on 11/10/2008, an MRI of the left shoulder on 04/26/2012, an MRI of the left shoulder which was performed on 07/17/2012, an MRI of the lumbar spine which was performed on 09/19/2013, and an L5-S1 discogram which was performed on 08/06/2012. Prior treatments included a home exercise program and physical therapy. The clinical note dated 02/13/2014 noted the injured worker reported pain rated 9/10 without medications as well as decreased function and mood and impaired ability to sleep. The injured worker reported pain rated 6/10 with medications, and indicated the medications allowed for improved function and mood. She reported that the pain occurred constantly. The injured worker further stated that along with improved function, she was able to do more inside and outside of the house, such as basic household activities of daily living with increased endurance and tolerance for such activities. She also reported that emotionally, she was more stable and less irritable and emotionally labile than without medications. The injured worker further stated that her quality of life was adequate as long as she was taking her medications and tried to stay active. The clinical note dated 03/06/2014 noted the injured worker who reported pain to her lower back with radiation into the left leg. The injured worker rated her pain at 8/10. The injured worker complained of a poor quality of sleep, noting that she was still waking up at night, even though she was taking Lunesta. The injured worker was seen on 05/01/2014 and she continued to complain of bilateral L5 radiculopathy and

indicated it was worsening. The injured worker was requesting an epidural steroid injection. The injured worker's medication regimen included Cymbalta, Soma, Topamax, MS Contin 15 mg, MS Contin CR 30 mg, Norco 10/325 mg and Nuvigil. The physician requested MS-Contin controlled release 30 mg 1 tablet at bedtime quantity 30 tablets, MS-Contin 15 mg 1 tablet in the morning quantity 30 tablets, and Norco 10/325 mg every 4 hours. The provider recommended the medications to control pain. The Request for Authorization Form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR (Controlled Release) 30mg One (1) tab at hour of sleep quantity (qty): 30:
Upheld

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 On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has decreased pain when taking the medication including an increase in function and an increase in the ability to perform activities of daily living. The injured worker reported an increase of pain, a decrease in function, and a decrease in ability to perform activities of daily living when not taking the medication. Per the most recent clinical note the injured worker reported pain rated 8/10, which indicates the efficacy of the medication may be decreasing. The physician has not provided urine drug screens to demonstrate the injured worker's compliance with her prescribed medication regimen. As such, the request is not medically necessary.

MS Contin 15mg One (1) tab in the morning qty: 30: Upheld

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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain

assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has decreased pain when taking the medication including an increase in function and an increase in the ability to perform activities of daily living. The injured worker reported an increase of pain, a decrease in function, and a decrease in ability to perform activities of daily living when not taking the medication. Per the most recent clinical note the injured worker reported pain rated 8/10, which indicates the efficacy of the medication may be decreasing. The physician has not provided urine drug screens to demonstrate the injured worker's compliance with her prescribed medication regimen. As such, the request is not medically necessary.

Norco 10/325 mg. every four (4) hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has decreased pain when taking the medication including an increase in function and an increase in the ability to perform activities of daily living. The injured worker reported an increase of pain, a decrease in function, and a decrease in ability to perform activities of daily living when not taking the medication. Per the most recent clinical note the injured worker reported pain rated 8/10, which indicates the efficacy of the medication may be decreasing. The physician has not provided urine drug screens to demonstrate the injured worker's compliance with her prescribed medication regimen. As such, the request is not medically necessary.