

Case Number:	CM14-0046235		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2005
Decision Date:	09/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Nevada. 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 52-year-old female who was reportedly injured on July 28, 2005. The mechanism of injury is noted as digging and shoveling. The most recent progress note dated February 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Medications were stated to ease the injured employee's pain and allow her to perform activities. Pain was rated at 10/10 without medications and 8/10 with medications. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles from L3 through L5. There was decreased lumbar spine range of motion secondary to pain. Trigger points were identified on the paraspinal muscles bilaterally. There was a positive right-sided straight leg raise test at 70. Urine drug testing did not indicate the presence of morphine or hydrocodone. Previous treatment includes trigger point injections and oral medications. A request was made for MS Contin 60 mg and Norco 10/325 mg and was not certified in the pre-authorization process on May 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MsContin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however there appears to be no significant reduction in pain with use of this medication. Furthermore there was an absence of this medication on a recent urine drug test indicating a aberrant behavior. For these reasons, this request for MS Contin 60mg is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support short-acting opiates in the management of chronic pain to help control breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker has chronic pain; however there appears to be no significant reduction in pain with use of this medication. Furthermore there was an absence of this medication on a recent urine drug test indicating aberrant behavior. For these reasons, this request for MS Contin 60 mg is not medically necessary.