

Case Number:	CM14-0077474		
Date Assigned:	07/18/2014	Date of Injury:	07/28/2005
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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 52-year-old female with a 7/28/05 date of injury. At the time (4/21/14) of request for authorization for MS Contin 60 mg # 60 and Norco 10/325 # 80, there is documentation of subjective low back pain that radiates down right lower extremity accompanied by muscle weakness frequently in bilateral lower extremities, pain rated 7-8/10 with medications and 10/10 without medications. The objective; tenderness to palpation in spinal vertebral area L3-5 levels, myofascial trigger points noted in paraspinous muscles bilaterally, range of motion of lumbar spine moderately limited secondary to pain, pain significantly increased with flexion and extension, and straight leg raise with patient in seated position positive on right for radicular pain at 70 degrees. Findings, current diagnoses, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, iatrogenic opioid dependency, chronic pain, hepatitis C without coma, chronic, and L4-5 severe extension stenosis, and treatment to date; medications including ongoing treatment with MS Contin and Norco. The 5/19/14 medical report identifies patient has signed and complied with an opioid pain treatment agreement and her medications allow her to maintain basic levels of activities of daily living. Regarding MS Contin 60 mg # 60, there is no documentation that patient is in 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 # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. 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 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 lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, iatrogenic opioid dependency, chronic pain, hepatitis C without coma, chronic, and L4-5 severe extension stenosis. In addition, given documentation that patient has signed and complied with an opioid pain treatment agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that medications allow her to maintain basic levels of activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of MS Contin use to date. However, there is no documentation that patient is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 60 mg # 60 is not medically necessary.

Norco 10/325 # 80: Overturned

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

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 lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, iatrogenic opioid dependency, chronic pain, hepatitis C without coma, chronic, and L4-5 severe extension stenosis. In addition, given documentation that patient has signed and complied with an opioid pain treatment agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that medications allow her to maintain basic levels of activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 # 80 is medically necessary.