

Case Number:	CM14-0195738		
Date Assigned:	12/04/2014	Date of Injury:	09/27/2007
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 52 year old male who was injured on 9/27/2007. The diagnoses are status post lumbar fusion, lumbar radiculopathy and low back pain. The past surgery history is significant for lumbar fusion and revision surgeries. An EMG/NCV done in 2011 showed median nerve neuropathy, C5, C6 neuropathy, and bilateral S1 radiculopathy. The 2012 MRI of the lumbar spine showed L4 to S1 fusion, multilevel facet spurs, spondylosis, stenosis and impingements to exiting nerve roots. The medications listed are Lunesta, Zanaflex, Norco 10/325mg #180, MS Contin 40mg. On 7/17/2014, there was subjective complaint of low back and bilateral lower extremities pain. The pain score was rated at 6/10 with medication but 10/10 without medications. The medications were noted to be less effective as shown by increasing muscle spasm and pain. The objective findings limited range of motion of the lumbar spine and tenderness of the paravertebral muscles. There was negative facet loading, negative straight leg raising test, intact sensation and normal motor strength and muscle tone. The patient was noted to be bedbound with limited ADL without the use of MS Contin. The medications listed are MS Contin, Norco, Zanaflex, Lunesta, Ultram ER 200mg and Trazodone. It is unclear which medications are currently being utilized as all were noted to be non certified by the insurance. On 9/16/2014, [REDACTED] conducted an Agreed Psychiatry Examination. The diagnoses listed are major depression, anxiety disorder, pain disorder and stress. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for MS Contin Cr 30mg #180 fill 11/1/2014 and Norco 10/325mg #180 plus post-dated script for 10/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin Cr 30mg #180 (with instructions not to be filled prior to 11-4-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation, physical inactivity / dysfunction and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications. The patient had reported decreasing effect of the medications which are indications of opioid induced hyperalgesia. The records did not show the use of co-analgesics or neuropathic medications with opioid sparing effects. The guidelines recommend that patients with co-existing psychiatric conditions who are on high dose opioids medications require continuation of psychiatric care because of increased risk of opioid related adverse effects. The criteria for the use of MS Contin 30mg CR #180 (date of fill 11/4/2014) was not met.

Norco 10/325mg # 180 (Plus one post dated script prescribed 10-09-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation, physical inactivity / dysfunction and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple high dose opioids and sedative medications. The patient had reported decreasing effect of the medications which are indications of opioid induced hyperalgesia. The records did not show the use of co-analgesics or neuropathic medications with opioid sparing effects. The guidelines recommend that patients with co-existing psychiatric conditions who are on high dose opioids medications require continuation of psychiatric care because of increased risk of opioid related adverse effects. The criteria for the use of Norco 10/325mg #180 (plus one post date for 10/9/2014) was not met.

