

Case Number:	CM14-0207087		
Date Assigned:	12/19/2014	Date of Injury:	11/02/2000
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice and is licensed to practice in 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 70-year-old male who sustained a work related injury on 11/2/2000. The mechanism of injury is not discussed. He has a work related diagnosis of chronic low back pain, and is status post multiple prior surgeries. Records are limited. A 8/13/13 physiatrist progress note states that this patient has the following diagnoses: lower back pain due to symptomatic lumbar spinal stenosis, peripheral polyneuropathy (non-industrial,) history of diabetes (non-industrial,) status post left knee replacement (non-industrial,) non-healing left foot ulcer (non-industrial,) and bilateral lower extremity swelling. This note's physical exam is the most recent physical exam that has been provided and states that at that time the patient had bilateral lower extremity with chronic ischemic changes. Lumbosacral spine revealed extremely limited range of motion in all places, and tenderness in left sacroiliac joint. He was also noted to have a positive straight leg raise on the left. Current treatment consists of high dose narcotics. No pain management contract is mentioned in the provided documentation and no urine drug screens are mentioned. A utilization review physician did not certify continuation of his Kadian (Morphine Sulfate) at 100mg BID with his Norco 10/325mg 120 tablets being requested. Therefore, an independent medical review was requested to determine the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this injured worker's case, his Kadian and Norco prescriptions together are well over the recommended 120 mgs of oral morphine equivalents per day. There is no documentation if this injured worker has returned to work. There is no documentation of improved pain and functioning with the requested medications. There is no documentation of a pain management contract or of frequent drug screens having been performed. Therefore; the request for Kadian is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this injured worker's case, his Kadian and Norco prescriptions together are well over the recommended 120 mgs of oral morphine equivalents per day. There is no documentation if this injured worker has returned to work. There is no documentation of improved pain and functioning with the requested medications. There is no documentation of a pain management contract or of frequent drug screens having been performed. Therefore; the request for Norco is not medically necessary.