

Case Number:	CM14-0207962		
Date Assigned:	12/19/2014	Date of Injury:	11/22/2002
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine, has a subspecialty in Hospice palliative Medicine, and is licensed to practice in Pennsylvania. 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 53-year-old gentleman with a date of injury of 11/22/2002. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/24/2014 and 11/21/2014 indicated the worker was experiencing lower back pain that went into the legs, depressed mood, constipation, and problems sleeping. Documented examinations consistently described tenderness in the lower back and where the back meets the pelvis, positive FABER testing involving both sides, positive Gaenslen's and pelvic compression testing on both sides, a positive flamingo test on the right, and a painful walking pattern with a cane. The submitted and reviewed documentation concluded the worker was suffering from sacroiliac pain, lumbosacral degenerative disk disease, an unspecified lumbosacral neuritis, and an unspecified muscle and ligament problem. Treatment recommendations included medications injected into the sacroiliac joints, oral medications, six sessions of acupuncture, a home exercise program, and follow up care. A Utilization Review decision was rendered on 12/04/2014 recommending non-certification for indefinite supplies of MS-Contin (sustained-release morphine) 15mg and Norco (hydrocodone with acetaminophen) 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg (dosage/quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications. Page(s): 74-95,124.

Decision rationale: MS-Contin (sustained-release morphine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, depressed mood, constipation, and problems sleeping. The documented pain assessments contained few of the elements encouraged by the Guidelines. These records reported the medications caused only a minimal decrease in the worker's pain intensity, and there was no description of improved function. Further, an indefinite supply does not take into account future changes in the worker's condition or care needs. For these reasons, the current request for an indefinite supply of MS-Contin (sustained-release morphine) 15mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.

Norco 10/325mg (dosage/quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications. Page(s): 74-95,124.

Decision rationale: Norco (hydrocodone with acetaminophen) 10/325mg is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function,

decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, depressed mood, constipation, and problems sleeping. The documented pain assessments contained few of the elements encouraged by the Guidelines. These records reported the medications caused only a minimal decrease in the worker's pain intensity, and there was no description of improved function. Further, an indefinite supply does not take into account future changes in the worker's condition or care needs. For these reasons, the current request for an indefinite supply of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.