

Case Number:	CM14-0209211		
Date Assigned:	12/22/2014	Date of Injury:	04/06/1986
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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:

The injured worker (IW) is a 65-year-old woman with a date of injury of April 6, 1986. The mechanism of injury was a slip and fall. The injured worker's working diagnoses are status post cervical fusion times three with fusion at C4-C5 and C6-C7; status post left sacroiliac joint fusion January 6, 2014; failed back syndrome with severe chronic radiculopathy, bilateral lower extremities; neuroma right hip bone graft harvest site; adjacent level disc disease at L4-L5 with disc protrusion, facet arthrosis and stenosis resulting in new onset radiculopathy; and status post posterior lumbar interbody fusion L5-S1 bilateral pedicle screw instrumentation and peak cage placement April 19, 2005. Pursuant to the progress reports dated September 9, 2014, the IW complains of left-sided neck pain and left-sided lower back pain. Pain with medications is rated 5/10. Pain without medications is 10/10. The IW reports her medications are effective. Current medications include Lidoderm 5% patch, Celebrex 200mg, Flexeril 10 mg, Gabapentin 300mg, Senokot 8.6mg, Nucynta 100mg, Nucynta ER 200mg, Lyrica 25mg, and Requip 0.25mg. The IW has been taking the aforementioned medications since at least July 10, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of her medications, specifically, opioids. There were no pain assessments in the medical record. Examination of the lumbar spine reveals a surgical scar. Range of motion is restricted with extension, right lateral bending, left lateral bending, and lateral rotation to the left and right. There is paravertebral muscle tenderness on both sides. According to UR documentation, the IW followed-up with her treating physician on 10/22/14. This note was not in the medical record for review. According to UR documentation, the IW complained of neck pain radiating to her head and right upper extremity. No physical examination was performed. Her Nucynta and Senokot were denied. A pain contract was signed.

There were no drug screens in the medical record. The current request is for Norco 10/325mg #90, and MS Contin 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses as of September 9, 2014 (the latest progress note and medical record) are status post cervical fusion times three with fusion at C4 - C5 and C6 - C7; status post left sacroiliac joint fusion January 6, 2014; failed back syndrome with severe chronic radiculopathy, bilateral lower extremities; neuroma right hip bone graft harvest site; adjacent level disc disease at L4 - five with disc protrusion, facet arthrosis and stenosis resulting in new onset radiculopathy; and status post posterior lumbar interbody fusion L5 - S1 bilateral pedicle screw instrumentation and peak cage placement April 19, 2005. The injured worker's current medications (as of September 9, 2014) are Lidoderm patch; Celebrex; Flexeril; gabapentin; Senokot; Nucynta 100 mg tablet one every six hours PRN; Nucynta ER 200 mg one tablet every 12 hours; Lyrica; and Requip. The utilization review documentation indicates MS Contin and Norco were provided to control pain and taper off Nucynta. The injured worker is 65 years old with a date of injury April 6, 1986 (approximately 30 years ago). Utilization review references a October 22, 2014 progress note (not present in a medical record). Reportedly, there was no physical examination performed. Nucynta was denied. MS Contin and Norco for provided to help control pain and taper off Nucynta. A pain contract was signed. There is no documentation indicating why two opiates, MS Contin and Norco were prescribed concurrently. There were no risk assessments or urine drug toxicology screens in the medical record to determine compliance. There are no detailed pain assessments present in the medical record. The oldest progress note in the medical record is dated July 10 of 2014. At that time, the injured worker was taking Nucynta. As noted above, this injury occurred approximately 30 years ago and a history of opiate usage and risk assessment would be helpful in making an overall determination. There is no documentation evidencing objective functional improvement while taking Nucynta. Additionally, there is no objective functional improvement in the medical record regarding the use of Norco. Consequently, absent

clinical documentation supporting the ongoing use of Norco (concurrently taken with MS Contin), Norco 10/325#90 is not medically necessary.

MS Contin 30mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 30 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses as of September 9, 2014 (the latest progress note and medical record) are status post cervical fusion times three with fusion at C4 - C5 and C6 - C7; status post left sacroiliac joint fusion January 6, 2014; failed back syndrome with severe chronic radiculopathy, bilateral lower extremities; Neuroma right hip bone graft harvest site; adjacent level disc disease at L4 - five with disc protrusion, facet arthrosis and stenosis resulting in new onset radiculopathy; and status post posterior lumbar interbody fusion L5 - S1 bilateral pedicle screw instrumentation and peak cage placement April 19, 2005. The injured worker's current medications (as of September 9, 2014 Lidoderm patch; Celebrex; Flexeril; gabapentin; Senokot; Nucynta 100 mg tablet one every six hours PRN; Nucynta ER 200 mg one tablet every 12 hours; Lyrica; and Requip. The utilization review documentation indicates MS Contin and Norco were provided to control pain and taper off Nucynta. The injured worker is 65 years old with a date of injury April 6, 1986 (approximately 30 years ago). Utilization review references a October 22, 2014 progress note (not present in a medical record). Reportedly, there was no physical examination performed. Nucynta was denied. MS Contin and Norco for provided to help control pain and taper off Nucynta. A pain contract was signed. There is no documentation indicating why two opiates MS Contin and Norco were prescribed concurrently. There were no risk assessments or urine drug toxicology screens in the medical record to determine compliance. There are no detailed pain assessments present in the medical record. The oldest progress note in the medical record is dated July 10 of 2014. At that time, the injured worker was taking Nucynta. As noted above, this injury occurred approximately 30 years ago and a history of opiate usage and risk assessment would be helpful in making an overall determination. There is no documentation evidencing objective functional improvement while taking Nucynta. Additionally, there is no objective functional improvement in the medical record regarding the use of MS Contin. Consequently, absent clinical documentation supporting the ongoing use of MS Contin (concurrently taken with Norco), MS Contin 30mg #90 is not medically necessary.

