

Case Number:	CM14-0083933		
Date Assigned:	07/21/2014	Date of Injury:	09/14/1993
Decision Date:	01/28/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 Emergency 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 is a 57 year-old male, who sustained an injury on September 14, 1993. The mechanism of injury is not noted. Diagnostics have included: X-rays; MRI. Treatments have included: Medications; injection. The current diagnoses are: Lumbosacral intervertebral disc degeneration; brachial neuritis or radiculitis; depressive disorder; insomnia; opioid type dependence. The stated purpose of the request for Norco 10/325mg #180 (05/02/2014 - 07/13/2014) was to provide pain relief. The request for Norco 10/325mg #180 (05/02/2014 - 07/13/2014) was modified for #135 on May 20, 2014, citing the rationale that the mild level of pain and essentially minor objective findings do not warrant continued opioid prescription. There is also no quantifiable evidence of specific improvements in function or a return to work. The stated purpose of the request for MS Contin 30mg #120 (05/02/2014 - 07/13/2014) was to provide pain relief. The request for MS Contin 30mg #120 (05/02/2014 - 07/13/2014) was modified for #60 on May 20, 2014, citing the rationale that the total daily morphine equivalent dosage should not exceed 120 mg. The combined use of MS Contin 30 mg 4/day and Norco 10/325 mg 6/day yields a MED of 180 mg. Per the report dated May 2, 2014, the treating physician noted that the injured worker complained of neck pain. Pain was described as constant, dull, and aching. Pain radiates to the left shoulder and right shoulder. Pain was described as 3/10. Pain is made better with medications and rest. The current dose and frequency of medications allow for increased mobility and function. Objective findings included palpable tenderness to the iliopsoas muscles, left greater than right. There was muscle wasting to the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 (05/02/2014 - 07/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

Decision rationale: The requested Norco 10/325mg #180 (05/02/2014 - 07/13/2014) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, opioids for chronic pain, page # 80 note that opiates appear to be efficacious for chronic back pain, but should be limited for short-term pain relief. Long-term efficacy is unclear. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker has pain rated 3/10. The treating physician has documented increased mobility and function with medications, as well as ongoing shoulder pain, neck pain, and tenderness to the iliopsoas muscles. Random urine drug screens and DEA cure reports have been consistent. The treating physician has not documented attempts at medication weaning or documentation to indicate prescribing medications that exceed the recommended 120 mg per day MED maximum. The criteria noted above not having been met, Norco 10/325mg #180 (05/02/2014 - 07/13/2014) is not medically necessary.

MS Contin 30mg #120 (05/02/2014 - 07/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

Decision rationale: The requested MS Contin 30mg #120 (05/02/2014 - 07/13/2014) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, opioids for chronic pain, page # 80 note that opiates appear to be efficacious for chronic back pain, but should be limited for short-term pain relief. Long-term efficacy is unclear. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker has pain rated 3/10. The treating physician has documented increased mobility and function with medications, as well as ongoing shoulder pain, neck pain, and tenderness to the iliopsoas muscles. Random urine drug screens and DEA cure reports have been consistent. The treating physician has not documented attempts at medication weaning or documentation to indicate prescribing medications that exceed the recommended 120 mg per day MED maximum. The criteria noted above not having been met, MS Contin 30mg #120 (05/02/2014 - 07/13/2014) is not medically necessary.