

Case Number:	CM15-0002546		
Date Assigned:	01/13/2015	Date of Injury:	10/22/2007
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male who sustained an industrial injury on 10/22/07. The injured worker reported symptoms in the back, right shoulder and right elbow. The diagnoses included chronic right elbow pain, right shoulder impingement, right shoulder bursitis, right shoulder internal derangement, status post positive fluoroscopically guided diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, lumbar sprain/strain, depression and gastroesophageal reflux disease. Treatments to date have included oral pain medications, bilateral sacroiliac joint injections, and cortisone injection. PR2 dated 12/5/14 noted the injured worker presents with "bilateral low back pain radiating to buttocks, thoracic back and right shoulder". The treating physician is requesting MS Contin 60mg three times daily #90, Senokot-S Two-Four tabs, 3 tabs daily as needed #90 with 2 refills and Norco 10/325mg, 1 tab per oral four times a day as needed #120. On 2/24/14, Utilization Review non-certified a request for request for MS Contin 60mg three times daily #90, Senokot-S Two-Four tabs, 3 tabs daily as needed #90 with 2 refills and Norco 10/325mg, 1 tab per oral four times a day as needed #120. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with bilateral low back pain radiating to buttocks, thoracic back and right shoulder. The request is for MS CONTIN 60MG, TID #90. The RFA provided is dated 12/15/14. The patient is permanently totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The prescription for MS Contin was first noted in progress report dated 06/06/14 and the patient has been receiving the medication consistently at least since then. In progress report dated 06/06/14, treater states, "The MS Contin meets the MTUS and ODG guidelines as it provides 60% decrease of the patient's pain, 60% improvement of the patient's activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication." In this case, the 4 As are addressed; however, such general statements are not specific enough to establish compliance with the 4 A's assessment as specified by MTUS. Furthermore, the medical reports provided did not include any records of UDS, CURES report or pain contracts for review. Therefore, the request IS NOT medically necessary.

Senokot-S Two-Four Tabs, 3 tabs daily PRN #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient presents with bilateral low back pain radiating to buttocks, thoracic back and right shoulder. The request is for SENOKOT-S TWO-FOUR TABS, 3 TABS DAILY PRN #90 WITH 2 REFILLS. The RFA provided is dated 12/15/14. Patient is permanently totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, medical records indicate this patient has been taking Norco since at least 06/06/14. The MTUS guideline recognizes constipation as a common side effect of chronic opiate use. Therefore, the request IS medically necessary.

Norco 10/325mg, 1 tab PO QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with bilateral low back pain radiating to buttocks, thoracic back and right shoulder. The request is for NORCO 10/325 MG, 1 TAB PO QID PRN #120. The RFA provided is dated 12/15/14. The patient is permanently totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The prescription for Norco was first noted in progress report dated 06/06/14 and the patient has been receiving the medication consistently at least since then. In progress report dated 10/22/14, treater states "The Norco meets the MTUS and ODG guidelines as it provides 40% decrease of the patient's pain, 40% improvement of the patient's activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The patient shows no aberrant behavior with this medication." In this case, while the treater addresses the 4 As, such general statements as "40% improvement" are not specific enough to establish "significant" functional improvement in terms of ADL's or return to work. The patient's self-care and dressing are said to be 40% improved but based on the patient's pain condition, there is no organic basis as to why the patient would not be able to perform self-care and dressing even without the use of opiates. The reports do not include the actual copies of the UDS's to verify opiate compliance either. The documentation do not meet MTUS requirement and the request IS NOT medically necessary.