

Case Number:	CM15-0005938		
Date Assigned:	01/26/2015	Date of Injury:	02/19/1999
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on 2/19/99. The injured worker reported symptoms in the back and right wrist. The diagnoses included spinal/lumbar degenerative disc disease, spinal stenosis lumbar, carpal tunnel syndrome, shoulder pain, cervical pain and lumbar radiculopathy. Treatments to date have included oral pain medications, physical therapy, and status post steroid injection 7/10/14 with noted relief. PR2 dated 11/12/14 noted the injured worker presents with "back pain radiating from low back down Left Leg and right wrist pain". The treating physician is requesting Norco 10/325 mg tablet #180 and Morphine sulfate controlled release 30mg table #60. On 12/12/14, Utilization Review non-certified a request for Norco 10/325 mg tablet #180 and Morphine sulfate controlled release 30mg table #60. 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:

Norco 10/325 MG Tablet #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The patient did receive injections and the pain medications were recommended to be tapered. There is no documentation of a taper. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Morphine Sulfate CR 30 MG Tab Qty #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The patient did receive injections and the pain medications were recommended to be tapered. There is no documentation of a taper. According to the clinical documentation provided and current MTUS guidelines; Morphine, as written above, is not indicated a medical necessity to the patient at this time.