

Case Number:	CM15-0137425		
Date Assigned:	08/03/2015	Date of Injury:	10/16/2000
Decision Date:	09/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 64-year-old, male who sustained a work related injury on 10-16-2000. The diagnoses have included post traumatic discogenic disease of cervical spine and thoracic spine, status post spine surgery and right shoulder old injury. Treatments have included spine surgeries, oral medications and Fentanyl patches. In the visit note dated 6-1-15, the injured worker reports continued neck and upper back pain. He states he feels "miserable." He states at times he cries with the pain. He states he is frustrated that so much is being done with his medications. He states his pain level goes up to "12 out of 10." He states at one time he was using patches and he was doing good. "Now everything is being taking away from him. Do these insurance companies want people to just die." On physical exam, he is very tender in the C2-C7 area. He has 4+ tenderness with muscle spasms. Movements of neck are very painful. Right arm power is 1 out of 5. There is much more hypoesthesia in the right arm. He has 4+ tenderness in right shoulder. He has right shoulder movement only to 15 degrees. The power in left arm is 1-2 out of 5. He has marked hypoesthesia in left arm. The provider has cut down on his pain medications. The injured worker admits to taking his wife's Oxycodone. The provider spoke to him about this and that he should stop taking her medication due to the person it was prescribed for is not the injured worker. He verbalized understanding. There is no documentation of working status. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg tablets #90 refills unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Additionally, it appears the patient has used pain medication, which was not prescribed to him. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

Hydrocodone 10/325mg tablets #180, refills unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page 44, 47, 75-79, 120 of 127 Page(s): 74-96.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Additionally, it appears the patient has used pain medication, which was not prescribed to him. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

