

Case Number:	CM15-0143082		
Date Assigned:	08/04/2015	Date of Injury:	06/19/2005
Decision Date:	09/25/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/23/2015

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, Hawaii
 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 46-year-old male, who sustained an industrial injury on June 19, 2005. The injury occurred while the injured worker was performing his usual and customary duties. The injured worker has been treated for neck and back complaints. The diagnoses have included cervical radiculitis, lumbar disc degeneration, failed back surgery syndrome, lumbar radiculopathy, chronic pain, headaches, iatrogenic opioid dependency, gastroesophageal reflux disease and depression. Treatment and evaluation to date has included medications, radiological studies, MRI, spinal cord stimulator placement, epidural steroid injections, physical therapy and a lumbar fusion. The injured worker was currently not working. Current meds included Norco, MS Contin CR, Omeprazole and Amitriptyline Hcl. Current documentation dated July 6, 2015 notes that the injured worker reported neck pain which radiated down both upper extremities and low back pain which radiated down both lower extremities. Associated symptoms included constant numbness in the bilateral lower extremities to the feet. The injured worker also noted constant, throbbing left foot pain with swelling and ongoing headaches. The pain was rated an 8-9 out of 10 on average with medications. The injured worker was noted to continue to have limitations with activities of daily living, due to pain. The treating physician's plan of care included requests for Norco 10-325 mg # 90 and MS Contin CR 30 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids, Opioids for chronic pain Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation down the bilateral lower extremities. The current request is for Norco 10/325mg #90. The treating physician report dated 7/6/15 (8B) states, "The patient reports that the use of opioid pain medication is helpful". The pain relief from each medication dose lasts for 4.5 hours. Areas of functional improvement as a result of the above therapy include: brushing teeth and combing/washing hair. The patient reports his quality of life has been improved as a result of the above treatment. (The patient) wishes to continue this therapy based on his decreased pain, his increased level of function and his improved quality of life. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 8/4/14 (100B). The report dated 7/6/15(7B) notes that the patient's pain has decreased from 10/10 to 8/10 while on current medication. No adverse effects or adverse behavior was noted by patient. The patient's ADL's have improved such as the ability to brush teeth and comb/wash hair. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

MS Contin CR 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids, Opioids for chronic pain Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Treatment (The patient) wishes to continue this therapy based on his decreased pain, his increased level of function and his improved quality of life. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's,

Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking MS Contin since at least 8/4/14 (100B). The report dated 7/6/15(7B) notes that the patient's pain has decreased from 10/10 to 8/10 while on current medication. No adverse effects or adverse behavior was noted by patient. The patient's ADL's have improved such as the ability to brush teeth and comb/wash hair. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of MS Contin has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.