

Case Number:	CM15-0143671		
Date Assigned:	08/04/2015	Date of Injury:	05/16/2008
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

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 49 year old male, who sustained an industrial injury on 5-16-2008. The injured worker was diagnosed as having cervical post-laminectomy syndrome, brachial neuritis or radiculitis, not otherwise specified, and myalgia and myositis, unspecified. Treatment to date has included diagnostics, cervical spinal surgery, and medications. Currently, the injured worker complains of progressive low back and leg pain. Neck pain was severe but somewhat stabilized. Right knee pain was increased and some neuropathy was noted to the bilateral fingers. He reported pain levels of 3-5 out of 10 with medications and 8-9 out of 10 without. He reported that current medications (MS Contin, Norco, Lyrica, and Elavil) kept pain within a manageable level and allowed for completion of activities of daily living. Medication side effects included dry mouth and possible runny nose. His work status was not documented. The treatment plan included MS Contin, Norco, and Lyrica for continued coverage of chronic pain medication maintenance regimen. The use of these medications was noted for at least 6 months and no significant changes in pain levels or function were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MS Contin 30mg #60 with no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in May 2008 and continues to be treated for neck and low back and leg pain. Medications are referenced as decreasing pain from 8-9/10 to 3-5/10 and improving knee pain allowing for and use of daily living. When seen, he was having pain. Physical examination findings included a stiff gait with use of a knee brace. There was decreased spinal range of motion with cervical and trapezius muscle spasms. Spurling's testing and straight leg raising was positive. There was knee tenderness. There was decreased ankle range of motion. Medications were refilled. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 110 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and allowing for activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in May 2008 and continues to be treated for neck and low back and leg pain. Medications are referenced as decreasing pain from 8-9/10 to 3-5/10 and improving knee pain allowing for and use of daily living. When seen, he was having pain. Physical examination findings included a stiff gait with use of a knee brace. There was decreased spinal range of motion with cervical and trapezius muscle spasms. Spurling's testing and straight leg raising was positive. There was knee tenderness. There was decreased ankle range of motion. Medications were refilled. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 110 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and allowing for activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.