

Case Number:	CM15-0144266		
Date Assigned:	08/05/2015	Date of Injury:	06/12/1998
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
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: 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 53 year old male, who sustained an industrial injury on June 12, 1998. He reported an injury to his low back and bilateral lower extremities. He was diagnosed with lumbar disc disease. Treatment to date has included lumbar laminectomy, cervical fusion and lumbar fusion, opioid medications, orthotics, home exercise program and physical therapy. Currently, the injured worker reports that he is doing well. He reports an average pain level of 3-5 on a 10-point scale and notes that he has been very busy and activity with the use of morphine and Norco. On physical examination the injured worker uses a right ankle brace for his foot drop. He has a reduced range of motion of the cervical and lumbar spine and moves with stiffness. The diagnoses associated with the request include cervicalgia, lumbago and spasm of muscle. The treatment plan includes continuation of MS Contin and Norco, continued homes exercise program and urine drugs screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient presents with chronic low back pain rated 5/10 without and 2/10 with medication. The request is for MS Contin 15 MG #60. The request for authorization is not provided. The patient is status post L4, L5 lumbar laminectomy, 2000. Physical examination reveals right ankle brace for foot drop. Patient ambulates with a single point cane. He moves a bit stiffly. He has managed to decrease his pain medication rather substantially. Because of his activity level, he continues on medication. He keeps active and walks a lot. Patient is to continue home exercise program, active exercise (he walks everywhere). Pain contract received and signed. No aberrant behavior. He denies die effects. Per progress report dated 07/06/15, the patient is not working. 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. Per progress report dated 07/06/15, treater's reason for the request is "good pain relief." Patient has been prescribed MS Contin since at least 01/15/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how MS Contin significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/06/15 is provided. In this case, the treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request is medically necessary.

MS Contin 15 MG #60 Fill After 8/5/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The patient presents with chronic low back pain rated 5/10 without and 2/10 with medication. The request is for MS Contin 15 mg #60 fill after 8/5/15. The request for authorization is not provided. The patient is status post L4, L5 lumbar laminectomy, 2000. Physical examination reveals right ankle brace for foot drop. Patient ambulates with a single point cane. He moves a bit stiffly. He has managed to decrease his pain medication rather substantially. Because of his activity level, he continues on medication. He keeps active and walks a lot. Patient is to continue home exercise program, active exercise (he walks everywhere). Pain contract received and signed. No aberrant behavior. He denies die effects. Per progress report dated 07/06/15, the patient is not working. 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. Per progress report dated 07/06/15, treater's reason for the request is "good pain relief." Patient has been prescribed MS Contin since at least 01/15/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how MS Contin significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/06/15 is provided. In this case, the treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request is medically necessary.

Norco 5/325 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient presents with chronic low back pain rated 5/10 without and 2/10 with medication. The request is for NORCO 5/325 MG #30. The request for authorization is not provided. The patient is status post L4, L5 lumbar laminectomy, 2000. Physical examination reveals right ankle brace for foot drop. Patient ambulates with a single point cane. He moves a bit stiffly. He has managed to decrease his pain medication rather substantially. Because of his activity level, he continues on medication. He keeps active and walks a lot. Patient is to continue home exercise program, active exercise (he walks everywhere). Pain contract received and signed. No aberrant behavior. He denies die effects. Per progress report dated 07/06/15, the patient is not working. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/06/15, treater's reason for the request is "good pain relief." Patient has been prescribed Norco since at least 01/15/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Norco significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/06/15 is provided. In this case, the treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request is medically necessary.