

Case Number:	CM15-0145148		
Date Assigned:	08/06/2015	Date of Injury:	07/01/2002
Decision Date:	09/25/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 53-year-old female, who sustained an industrial injury on 07-01-2002. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic neck pain status post C6-7 anterior discectomy and fusion in May 2002, neck pain aggravation and status post second surgery with C5-6 and C6-7 discectomy and anterior and posterior fusion in September 2005, right cervical radiculopathy, left frozen shoulder, and bilateral occipital neuralgia. Treatment and diagnostics to date has included consistent urine drug screen dated 06-29-2015 and use of medications. In a progress note dated 06-29-2015, the injured worker reported neck pain, which was currently rated as 8 out of 10 with an average rating of 5 out of 10 on the pain scale. Objective findings included moderate to severe paraspinal muscle tenderness with significantly decreased range of motion. The treating physician reported requesting authorization for MS Contin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg tablets Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with chronic neck pain that shoots into the right upper extremity and more frequent headaches along the occipital nerve distribution. The current request is for MS Contin 60mg, quantity 60. UR dated 7/15/15 (6A) modified the request to MS Contin 60mg, quantity 14. UR additionally notes that the current daily morphine equivalent dose (MED) is 220.0mg. The patient is also taking Dilaudid 3 mg rectal suppository, 1 every 4 hours. The treating physician states on 6/29/15 (66B) "Continue current medication which has helped her maintain a job for her, MS Contin 60mg q12 hours, #60." For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no discussion regarding adverse side effects or aberrant behaviors. There is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. Additionally, MTUS guidelines regarding daily MED load states: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Norco 10mg/325 tablets Qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with chronic neck pain that shoots into the right upper extremity and more frequent headaches along the occipital nerve distribution. The current request is for Norco 10/325mg, quantity 120. UR dated 7/15/15 (6A) modified the request to Norco 10/325mg, quantity 30. UR additionally notes that the current daily morphine equivalent dose (MED) is 220.0mg. The patient is also taking Dilaudid 3 mg rectal suppository, 1 every 4 hours. The treating physician states 6/29/15 (66B) "Continue Norco 10/325mg quid #120 for breakthrough pain." For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case,

there is no discussion regarding adverse side effects or aberrant behaviors. There is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. Additionally, MTUS guidelines regarding daily MED load states: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.