

Case Number:	CM15-0146675		
Date Assigned:	08/07/2015	Date of Injury:	04/30/2014
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old male who sustained a work related injury April 30, 2014. Past history included diabetes, hypertension, sleep apnea, COPD (chronic obstructive pulmonary disease), and spinal cord stimulator placement, 2014. According to an initial comprehensive pain management report, dated July 14, 2105, the injured worker presented with pain across his neck radiating into his upper arms. He reports pain in his back radiating into both lower extremities. His present pain is rated 8 out of 10. Physical examination revealed; palpable twitch and positive trigger points noted in the muscles of the head and neck; cervical spine anterior flexion 30 degrees, extension 40 degrees with pain, and painful lateral rotation. Lumbar spine examination revealed; palpation of the lumbar facets reveals pain on both sides at L3-S1 and pain in the discs on palpation; palpable twitch positive trigger points paraspinous muscles; gait antalgic; anterior lumbar flexion, lumbar extension, and left lateral flexion causes pain; hypoesthesia of L4-5 and S1 dermatomes. There is significant swelling of the bilateral lower extremities with no ulcerations. Diagnoses are cervical degenerative disc disease; cervical radiculopathy; lumbosacral radiculopathy; lumbar degenerative disc disease; cervical and lumbar spondylosis. At issue, is the request for 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 30mg tablet, extended release one tablet three times a day for 30 days, #90:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient's improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain (she continues to rate her pain at 8/10) despite the continuous use of narcotics. Therefore, the request for MS Contin 30mg tablet, extended release one tablet three times a day for 30 days, #90 is not medically necessary.

Norco 10mg-325mg, 1 tablet every 6 hours for 30 days, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of significant pain and functional

improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.