

Case Number:	CM15-0163152		
Date Assigned:	08/31/2015	Date of Injury:	03/27/2009
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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, 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:

This 59 year old female sustained an industrial injury to the low back on 3-27-09. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 2-3-15, the injured worker complained of ongoing back pain rated 10 out of 10 without medications and 8 out of 10 with medications. The treatment plan included a prescription for MS Contin and Norco. In a PR-2 dated 7-24-15, the injured worker complained of ongoing low back pain rated 10 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. The physician stated that part of her pain was from scoliosis. The injured worker felt her scoliosis was getting worse. The injured worker did not wear a brace. The injured worker was able to accomplish all her activities of daily living except gardening. The injured worker was stable on her current pain medications, denied side effects and did not exhibit any aberrant behavior. Physical exam was remarkable for tenderness to palpation at the thoracic spine, lumbar spine and facet joints with crepitus and decreased range of motion. The injured worker's posture exhibited scoliosis and kyphosis. Current diagnoses included lumbago, facet arthropathy, lumbar spine degenerative disc disease, long term use of medications and scoliosis. The treatment plan included prescriptions for MS Contin and Norco, requesting scoliosis series x-rays and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tab, 1 tab PO q6h prn nte 4/D #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen) Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. The urine drug screen is consistent. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

MS Contin 30mg tab extended release, 1 tab PO q8h nte 3/day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. The urine drug screen is consistent. In light of the above, the currently requested MS Contin is medically necessary.