

Case Number:	CM15-0163860		
Date Assigned:	09/01/2015	Date of Injury:	02/23/2011
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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 45 year old male, who sustained an industrial injury on 02-23-2011 resulting in pain or injury to the neck, shoulders and back as a result of cumulative trauma. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel cervical disc desiccation, spinous process fracture at C6, bilateral carpal tunnel syndrome (status post (SP) left carpal tunnel release), multilevel degenerative disc disease in the lumbar spine, multilevel disc bulge in the lumbar spine (SP L4-S1 fusion (2011) and laminectomy), lumbar facet hypertrophy, lumbar foraminal stenosis, right lower extremity radiculopathy, bilateral shoulder impingement syndrome (SP surgery in 2013), and SP short left transtibial amputation on the left. Medical records (12-23-2014 to 07-15-2015) indicate ongoing pain in the neck, bilateral shoulders, bilateral upper extremities, upper back, and across the low back. On 07-15-2015, the injured worker reported new pain in hips that radiates, and causes weakness and fatigue in the leg. These records also indicate that the injured worker is receiving pain relief and improvement in function with medications; however, there has been no progressive improvement in pain levels or level of functioning despite the use of MS Contin and Percocet. Per the primary treating physician's progress report, the injured worker has not returned to work. The physical exams, dated and 17-15-2015, revealed ongoing significant restricted range of motion in the lumbar spine (especially with rotation and extension), tenderness to palpation over the bilateral lumbar paraspinal musculature, and diffuse tenderness in the cervical paraspinals and bilateral shoulder girdles. Relevant treatments have included Percocet 0-325mg (1-2 every 8 hours or as needed) and MS Contin 60mg (1 every 8 hours) since at least 09-2014.

Other medications have included Zanaflex, ibuprofen, Xanax, Morphine, and Neurontin. The treating physician indicates that a MRI of the cervical spine (06-2014) showed multilevel disc desiccation, mild facet hypertrophy with a minimal disc herniation and mild bilateral uncinated hypertrophy at C3-4, and multilevel mild to moderate hypertrophy. Electrodiagnostic studies (09-2014) of the right upper extremity was normal, and a MRI of the lumbar spine (03-2015) showed degenerative lumbar spondylosis with evidence of lumbar fusion surgery at L4-S1, laminectomy at L4-5, subtle disc bulge at L2-3, and mild to moderate multilevel bilateral femoral stenosis, osteophyte and facet joint hypertrophy. The request for authorization (07-15-2015) shows that the following medications were requested: MS Contin 60mg #90 and Percocet 10-325mg #90. The original utilization review (08-11-2015) denied the request for MS Contin 60mg #90 and Percocet 10-325mg #90 based on the lack of support for long-term use, the non-recommendation of opioids as a first-line agent, and the absence of long term studies that support the safety of using opioids long-term.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for neck, lower thoracic, and low back pain spasms and bilateral upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 4/10. When seen, there had been a slight increase in pain after stopping ibuprofen. He had stopping taking Neurontin. Physical examination findings included a BMI of over 34. There was significantly decreased and painful lumbar range of motion. There was paraspinal muscle and bilateral shoulder tenderness. MS Contin and Percocet were prescribed at a total MED (morphine equivalent dose) of 225 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the ongoing use of opioid medication appears appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for neck, lower thoracic, and low back pain spasms and bilateral upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 4/10. When seen, there had been a slight increase in pain after stopping ibuprofen. He had stopping taking Neurontin. Physical examination findings included a BMI of over 34. There was significantly decreased and painful lumbar range of motion. There was paraspinal muscle and bilateral shoulder tenderness. MS Contin and Percocet were prescribed at a total MED (morphine equivalent dose) of 225 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the ongoing use of opioid medication appears appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.