

Case Number:	CM15-0182444		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2007
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 6-30-07. Documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for displacement of cervical intervertebral disc. Medical records dated 8-21-15 indicate the injured worker complains of neck radiating to the arms and back pain. The treating physician indicates, "The patient clinical symptoms of cervical radiculopathy. He has been resolved patient remains with tingling in the tips of both hands." Physical exam dated 8-21-15 notes improved strength in triceps and biceps. Treatment to date has included facet injections and reducing medication from MS Contin 30mg XR #90 to MS Contin 15mg #150 and Norco 10-325mg #120 to Norco 10-325mg #90. The original utilization review dated 9-3-15 indicates the request for amitriptyline 10mg #30 is certified and Norco 10-325mg #90 and MS Contin 15mg #150 is modified to Norco 10-325mg #53 and MS Contin 15mg #88 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/235mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis with myelopathy; and lumbar radiculopathy. Date of injury is June 30, 2007. Request for authorization is August 27, 2015. According to a progress note dated February 19, 2015, the injured worker complains of low back pain and neck pain. There is no pain score. Medications include MS Contin 30 mg, Norco 10/325mg and amitriptyline. According to an August 27, 2015 progress note, subjective complaints include neck pain, bilateral arm pain, low back pain that radiates to the bilateral lower extremities. There is no VAS pain score. Objectively, there is weakness in the biceps left great and right. There is decreased sensation in the C6 - C7 dermatome. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating an attempt to wean Norco. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation demonstrating an attempt to wean Norco 10/325mg and no detailed pain assessments or risk assessments, Norco 10/325mg # 90 is not medically necessary.

MS Contin 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis with myelopathy; and lumbar radiculopathy. Date of injury is June 30, 2007. Request for authorization is August 27, 2015. According to a progress note dated February 19, 2015, the injured worker complains of low back pain and neck pain. There is no pain score. Medications include MS Contin 30 mg, Norco 10/325mg and amitriptyline. According to an August 27, 2015 progress note, subjective complaints include neck pain, bilateral arm pain, low back pain that radiates to the bilateral lower extremities. There is no VAS pain score. Objectively, there is weakness in the biceps left great and right. There is decreased sensation in the C6 - C7 dermatome. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating an attempt to wean MS Contin. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation demonstrating an attempt to wean MS Contin 30 mg and no detailed pain assessments or risk assessments, MS Contin 15 mg #150 is not medically necessary.