

Case Number:	CM15-0183260		
Date Assigned:	09/24/2015	Date of Injury:	08/21/2002
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 8-21-02. The injured worker is undergoing treatment for status post cervical decompression and fusion, lumbar degenerative disc disease (DDD), lumbar spondylosis, facet arthropathy and degenerative scoliosis. Medical records dated 9-2-15 indicate the injured worker complains of neck and back pain described as burning and with spasms. "He denies any significant changes since last office visit and continues to work." Pain is rated 8 out of 10 at the highest, 1 out of 10 at the lowest and an average of 2 out of 10. At office visit dated 3-18-15 the treating physician prescribed Norco 10-325mg #90 and MS Contin CR 30mg #60 indicating it was "the lowest possible dose is being prescribed." Physical exam dated 9-2-15 notes normal gait, cervical tenderness to palpation with guarding, "range of motion (ROM) is improved from the last visit," lumbar tenderness to palpation and decreased range of motion (ROM). Treatment to date has included therapy, cervical fusion Norco and MS Contin The original utilization review dated 9-15-15 indicates the request for MS Contin CR 30mg #120 and Norco 10-325mg #240 is modified to MS Contin CR 30mg #45 and Norco 10-325mg #90 noting dosage exceeds maximum amount, no VAS and the need for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 30mg quantity 120: Overturned

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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/7/15, it was noted that the injured worker's pain without medications was 8/10 and 2-3/10 with medications. It was noted that without medication, he is limited to 10-15 minutes of sitting, 10 minutes of standing and is unable to sleep or walk for any length of time. He is unable to perform light household chores, work and could not concentrate on driving. With medication, he is able to sit for 50 minutes, stand for 20 minutes, walk one block, sleep 7-8 hours a night, concentrate, and continue to work 40 hours a week. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/8/15 was positive for morphine, hydrocodone, hydromorphone, and norhydrocodone. I respectfully disagree with the UR physician's denial based upon morphine equivalent dose 150. While the MTUS does recommend not exceeding 120MED, it is noted that it may be exceeded by a pain management specialist. In this case, the provider is a pain management specialist. The request is medically necessary.

Norco 10/325mg quantity 240: Overturned

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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/7/15, it was noted that the injured worker's pain without medications was 8/10 and 2-3/10 with

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