

Case Number:	CM15-0190408		
Date Assigned:	10/02/2015	Date of Injury:	09/06/2001
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 9-6-2001. The injured worker is undergoing treatment for low back pain and neck pain with cervical spondylosis. Medical records dated 9-8-2015 indicate the injured worker complains of neck and hip pain. He reports pain goes from 8 out of 10 to 4 out of 10 with combination of MS Contin and Percocet. ■ reports use of these meds allow him to walk more, take care of personal hygiene and do household chores. The treating physician for exam dated 9-8-2015 indicates "urine drug screen on 5-26-2015 was consistent," and trigger point injections on 8-17-2015 "there is really no change in his symptoms at this time around." Physical exam dated 9-8-2015 notes no change. Exam dated 8-17-2015 notes "he continues with jump response to trigger point palpation in the right lower paraspinal muscles and upper glute area." Treatment to date has included lumbar fusion, chiropractic treatment, trigger point injections, MS Contin, Percocet, Flexeril, Neurontin, Lidoderm patches, ibuprofen and Trazodone. The original utilization review dated 9-23-2015 indicates the request for MS Contin 60mg #120, MS Contin 60mg #120 do not distribute until 10-8-2015, Percocet 10-325mg #120, Percocet 10-325mg #120 do not distribute until 10-8-2015 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 MG #120: 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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of MS Contin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. MS Contin 60 MG #120 is not medically necessary.

MS Contin 60 MG #120 DND Until 10/8/2015: 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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of MS Contin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. MS Contin 60 mg #120 DND Until 10/8/2015 is not medically necessary.

Percocet 10/325 MG #120: 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 rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A

previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Therefore the request is not medically necessary.

Percocet 10/325 MG #120 DND Until 10/8/2015: 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 rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325 mg #120 DND Until 10/8/2015 is not medically necessary.