

Case Number:	CM15-0190690		
Date Assigned:	10/02/2015	Date of Injury:	09/01/2006
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
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 60 year old female who sustained an industrial injury on 9-1-06. A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder, anxiety disorder, grief reaction, chronic pain syndrome, left knee chondromalacia patella and left shoulder rotator cuff muscle atrophy with tendinopathy of the supraspinatus. Medical records dated 9-8-15 indicate pain rated at 4 out of 10. Treatment has included Ambien since at least May of 2015, MS Contin since at least May of 2015, Klonopin, Norco since at least May of 2015, Soma since at least May of 2015, and injection therapy. Objective findings dated 9-8-15 were notable for "No evidence of gross agitation of psychomotor retardation...less depressed". The original utilization review (9-24-15) denied a request for MS Contin 15 milligrams quantity of 60 1 po bid and Norco 10-325 milligrams quantity of 60 1 po bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg #60 1 po bid: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case the injured worker had been prescribed MS Contin for some time without significant pain relief and no mention of objective functional improvement. The records indicate that she continues to struggle with pain despite high doses of opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 15 mg #60 1 po bid is determined to not be medically necessary.

Norco 10/325 mg #60 1 po bid: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case the injured worker had been prescribed Norco for some time without significant pain relief and no mention of objective functional improvement. The records indicate that she continues to struggle with pain despite high doses of opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #60 1 po bid is determined to not be medically necessary.