

Case Number:	CM15-0194795		
Date Assigned:	10/08/2015	Date of Injury:	06/11/2001
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 62 year old female, who sustained an industrial injury on 6-11-01. She reported neck pain and low back pain. The injured worker was diagnosed as having chronic lumbar spine pain with multilevel degenerative changes status post spine surgery syndrome. Treatment to date has included a lumbar epidural steroid injection, trigger point injections to the shoulder, TENS, chiropractic treatment, physical therapy, anterior cervical discectomy and fusion at C5-6 in 2012, and medication including MS Contin, Norco, Clonazepam, and Lyrica. Physical examination findings on 8-27-15 included pain across the lumbar spine and a positive left straight leg raise test. On 7-2-15 and 8-27-15, pain was rated as 6 of 10. The injured worker had been taking MS Contin since at least October 2014 and Norco since at least 2009. On 8-27-15, the injured worker complained of neck pain. The treating physician requested authorization for MS Contin 30mg #90 x2 prescriptions and Norco 10-325mg #90 x2 prescriptions. On 9-11-15, the requests were modified to certify MS Contin 30mg #90 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Prescription of MS Contin 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001 as the result of a fall when she slipped on the kitchen floor. She continues to be treated for chronic spine pain. When seen, a cervical epidural injection had been recommended. She had chronic neck pain with radiculopathy. She was continuing to take morphine and Norco. She wanted to repeat a lumbar epidural injection. She had pain rated at 6/10. Physical examination findings included poor dentition. She had pain across the lumbar spine. She had positive left straight leg raising. Her medications were refilled. Medications are referenced as decreasing pain up to 50% and allowing her to perform self-care activities, manage her household, and work in her garden. Urine drug screening had been consistent with the prescribed medications. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living with specific examples given. The total MED is 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances can be seen monthly, quarterly, or semiannually. Continued prescribing was medically necessary.

2 Prescription of Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001 as the result of a fall when she slipped on the kitchen floor. She continues to be treated for chronic spine pain. When seen, a cervical epidural injection had been recommended. She had chronic neck pain with radiculopathy. She was continuing to take morphine and Norco. She wanted to repeat a lumbar epidural injection. She had pain rated at 6/10. Physical examination findings included poor dentition. She had pain across the lumbar spine. She had positive left straight leg raising. Her medications were refilled. Medications are referenced as decreasing

pain up to 50% and allowing her to perform self-care activities, manage her household, and work in her garden. Urine drug screening had been consistent with the prescribed medications. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living with specific examples given. The total MED is 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances can be seen monthly, quarterly, or semiannually. Continued prescribing was medically necessary.