

Case Number:	CM15-0204128		
Date Assigned:	10/20/2015	Date of Injury:	10/09/1991
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old who sustained an industrial injury on 10-09-1991. Medical records indicated the worker was treated for injuries from falling onto his back. His treating diagnoses includes status post multiple back surgeries including anterior posterior fusion L4- S1, significant disc desiccation, central and foraminal stenosis L2-L3, anterior cervical fusion C5-C7, and intractable pain. In the provider notes of 08-26-2015, the worker is seen in follow up and complains of pain in his neck, across the low back, in the left knee, and left foot. Over the preceding month, his highest pain was rated on a scale of 0-10 as a 10, his lowest pain a 7, and his average pains an 8 in intensity. MS Contin had been reduced at his last visit and the worker states he tolerated it well. He relates he is exercising and sleeping better. Current medications include Ambien, Glucosamine Chondroitin, Tizanidine, Amitiza, MS Contin, and Norco. He is also taking medications for blood sugar and cholesterol control from another physician. On exam, the worker has no deformity in the cervical spine and has a well healed surgical scar in the cervical region. There is tenderness and guarding in the cervical paraspinal musculature. Range of motion of the cervical spine is decreased secondary to pain. There is no focal atrophy, tremor fasciculation or ataxia of the upper extremities. There is no evidence of clonus or spasticity in the upper extremities. On the lumbar spine, the worker ambulates with an antalgic gait. There is no deformity, obliquity or scoliosis in the lumbar spine. There is significant fullness, swelling, and tenderness in the lumbar paraspinal musculature. Range of motion of the lumbar spine is decreased secondary to pain. There is no clonus or spasticity in the lower extremities. The worker is stable. His pain is decreased and his function improving with use of medications. Without them he would have significant difficulty tolerating routine activities of

daily living. The treatment plan is to continue his medications as he is compliant with monitoring and taking the medications as prescribed. He has a pain contract. A request for authorization was submitted for MS Contin 60mg tablet, 1 PO Q8H prn pain Qty: 90 and Norco 10/325 tablet mg, 1 PO Q 6H prn BTP Qty: 120. A utilization review decision 09-18-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg tablet, 1 PO Q8H prn pain Qty: 90: Upheld

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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam notes provided. Therefore the determination is not medically necessary.

Norco 10/325 tablet mg, 1 PO Q 6H prn BTP Qty: 120: Upheld

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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam notes provided. Therefore the determination is not medically necessary.