

Case Number:	CM15-0207449		
Date Assigned:	10/26/2015	Date of Injury:	08/04/2014
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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 57 year old male, who sustained an industrial injury on 08-04-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral spondylosis. Treatment has included Norco (since at least 04-13-2015) and right S1 transforaminal epidural steroid injection. Subjective complaints (07-15-2015, 08-11-2015 and 09-08-2015) included back pain rated as 6-8 out of 10 with medications and 10 out of 10 without medications. The average pain and duration of pain relief with Norco was not documented. Objective findings (07-15-2015) revealed tenderness, decreased flexion and decreased extension of the cervical spine, tenderness of the lumbar spine, facet joint, decreased flexion, extension and decreased lateral bending. Objective findings (08-11-2015) revealed tenderness of the thoracic spine, lumbar spine and facet joint and decreased flexion and extension. Objective findings (09-08-2015) included pain when leaning forward, tenderness of the lateral lumbar area, pain to palpation at midline, paraspinal area and lateral lumbar area, pain with extension, tenderness to bilateral facet joints and pain with flexion of spine. The plan included continued medications and home exercise and noted that Norco was being prescribed. There was no mention of intent to prescribe Morphine in the progress note. A utilization review dated 10-12-2015 non-certified requests for Norco 10-325 mg #90 and Morphine Sulfate ER 30 mg for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 has been prescribed Norco since at least April-2015 without objective documentation of functional improvement. 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 10/325mg #90 is not medically necessary.

Morphine sulfate ER 30mg for 30 days: 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 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. This is a new request for Morphine Sulfate. The injured worker is currently prescribed Norco without documented functional improvement. There is no rationale in the available documentation for adding this medication. Additionally, there is no quantity information included with this request. The request for Morphine sulfate ER 30mg for 30 days is not medically necessary.