

<b>Case Number:</b>	CM15-0020527		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/19/1992
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56 year old male who sustained a work related injury August 19, 1992. Past history included s/p neck surgery x 3 most recent 2001, left TMJ (transmandibular joint disease), hypertension, seizures, right foot fracture, July 2007 and depression. According to a primary treating physician's progress report dated January 13, 2015, the injured worker presented for continued evaluation of his ongoing neck and upper extremity pain, as well as refills of pain medications and lactulose solution for constipation. The pain is rated 10/10 without medications and 8/10 with medications. Diagnoses are chronic pain syndrome, chronic low back pain and possible left upper cervical facet joint syndrome. Treatment plan included heating pad; continue exercise, urine drug screen and prescriptions for medications. According to utilization review dated February 3, 2015, the request for Norco Tab 10/325mg QTY: 240 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Ms Contin 60mg QTY: 90 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco TAB 10-325mg QTY: 240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 56 year old male has complained of neck and low back pain since date of injury 8/19/92. He has been treated with physical therapy, cervical spine surgery, TENS unit and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

**MsContin 60mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 56 year old male has complained of neck and low back pain since date of injury 8/19/92. He has been treated with physical therapy, cervical spine surgery, TENS unit and medications to include opioids since at least 08/2014. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not indicated as medically necessary.