

Case Number:	CM15-0210137		
Date Assigned:	10/29/2015	Date of Injury:	04/18/2011
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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: Family Practice

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 51 year old female, who sustained an industrial injury on 4-18-11. Medical records indicate that the injured worker is undergoing treatment for dysthymic disorder, chronic pain syndrome, rotator cuff syndrome, muscle pain, lumbar radiculopathy, low back pain, lumbar degenerative disc disease, left knee pain, right greater trochanteric bursitis and major depressive disorder. The injured worker is currently working full time. On (9-24-15) the injured worker complained of low back pain, which radiated to the buttock and right hip pain. The pain was rated 9 out of 10 without medications and 5 out of 10 with medications on the visual analog scale. The injured workers pain medications were noted to provide good pain relief. The pain is worse with sitting, standing, walking and lifting. The pain is better with sitting, lying down and medications. Functional improvement with medications includes full time work. Examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles, lumbar four through sacral one. Range of motion was painful and fairly full. A straight leg raise test was negative. Right hip examination revealed tenderness at the lateral joint. Range of motion was full and painful. Left knee examination revealed a full range of motion. No tenderness was noted. Subsequent progress reports (8-26-15, 7-29-15, 7-1-15 and 6-4-15) indicate that the injured workers pain levels were unchanged at 9 out of 10 without medications and 5 out of 10 with medications on the visual analog scale. Treatment and evaluation to date has included medications, urine drug screen (7-8-15), MRI of the right hip, psychiatric assessments, physical therapy, a home exercise program and left knee surgery 6-4-15. Current medications include MS Contin (since at least February of 2015), Norco (since at least February of 2-15), Voltaren ER,

Cymbalta and Gabapentin. The current treatment requests are for MS Contin 60mg #60 and Norco 10-325mg #120. The Utilization Review documentation dated 10-7-15 modified the requests to MS Contin 60mg #54 (original request #60) and Norco 10-325mg #109 (original request #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In addition, the ceiling of cumulative morphine equivalent dosage is 120 and the current MED (morphine equivalent dosage) exceeds this amount. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for MS Contin 60mg #60 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In addition, the ceiling of cumulative morphine equivalent dosage is 120 and the current MED (morphine equivalent dosage) exceeds this amount. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg #120 is not medically necessary and appropriate.