

Case Number:	CM15-0213748		
Date Assigned:	11/03/2015	Date of Injury:	09/30/1997
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina
 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 59 year old male, who sustained an industrial injury on 9-30-97. The injured worker was diagnosed as having lumbar radiculitis; cervical radiculitis; depression. Treatment to date has included status post T-10-S1 fusion (no date); medications. Currently, the PR-2 notes dated 7-24-15 documented by the provider indicated the "patient has a fall with increased pain and blurry vision in right eye. The increase of the patient's pain is due to medication non-coverage. He complains of increased crying due to pain. The patient complains of constant pain in his low back which radiates to legs; neck pain that radiates to arms. The patient is paying for medications on his own but has to reduce medications secondary to cost. His wife performs most activities of daily living. The patient is trying to get help with physical therapy. He complains of difficulty with sleep. He complains of increased frequency of headaches and weakness in bilateral legs." The provider documents pain scale as "9 out of 10 but without medications 10 out of 10. Best: 8 out of 10 and Worst: 10 out of 10 and Average: 9 out of 10". He also notes "Last CURES 7-2015: last prescription 2-2015 secondary to insurance non-coverage." On physical examination he notes the patient is tearful; wheelchair bound; unable to heel-toe walk; positive straight leg raise bilaterally; fine tremor in hands and patient has a cast shoe on his right foot." His treatment plan is to continue psych therapy; transportation to and from office visits. He will "Restart medications. The patient weaned as discontinued by insurance coverage with increased pain and decreased function. The patient meets criteria for ongoing narcotics. Decrease Norco to qid. Medications denied. Urine tox screen at next visit to monitor compliance. Follow-up in tow months for medications management." A Request for

Authorization is dated 10-21-15. A Utilization Review letter is dated 10-6-15 and non-certification for MS (morphine sulfate) Contin 30mg, #60 and Norco 10-325mg, #120. A request for authorization has been received for MS (morphine sulfate) Contin 30mg, #60 and Norco 10- 325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states:When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreased to a 8/10 from a 9/10. There are no objective measurements of improvement in function or activity specifically due to the medication.. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states:When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreased to an 8/10 from a 9/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.