

Case Number:	CM15-0032089		
Date Assigned:	02/25/2015	Date of Injury:	01/25/2002
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, 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 52 year old male, who sustained an industrial injury on 1/25/2002. The diagnoses have included displacement of cervical intervertebral disc without myelopathy and lumbago, status post fusion right sacroiliac joint (2011), and bilateral plantar fasciitis. Treatment to date has included surgical and conservative measures. Urine drug testing, 8/25/2014, was inconsistent with prescribed medications. Per the PR2 report, dated 12/03/2014, the injured worker complains of increasing cramping in lower extremities, low back pain, and difficulty walking due to bilateral foot surgeries, and shoulder pain. Lumbosacral flexion was 42 degrees, decreased from prior visit. Positive findings included antalgia, grade 4 spasm right L5-S1, straight leg raise on the right at 72 degrees, diminished sensation right L5 dermatome, pain on palpation at the right post-surgical sacroiliac joint, and tenderness to palpation on the cervical dorsal region. Per progress report, dated 12/15/2014, he reported that neck, back, and shoulder pain was bothering him the most. Current medications included Norco 10/325mg (8 daily), MS Contin 30mg (four times daily), Soma, Gabapentin, and Xanax. Neck flexion was 50% of normal, extension 25% of normal, and lateral rotations were 50% of normal. Follow-up for cervical injections was requested. On 2/18/2015, Utilization Review modified a request for MS Contin 30mg #120 to #108, modified a request for Norco 10/325mg #240 to #216, and non-certified a request for follow-up for cervical injections, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, MSContin not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The guidelines also recommend to limit the maximum daily dose of Morphine to 120 mg. In this case, the claimant was provided 120 mg of MSContin and 80 mg of Norco. The combined dose exceeds the daily maximum morphine equivalent. Recent Pain scores were not provided and the claimant had been on the MSContin for a year. The continued use of MSContin is not medically necessary.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The guidelines also recommend to limit the maximum daily dose of Morphine to 120 mg. In this case, the claimant was provided 120 mg of MSContin and 80 mg of Norco. The combined dose exceeds the daily maximum morphine equivalent In this case, the claimant had been on Norco for a year. There were no recent pain score provided. The continued use of Norco is not medically necessary.

Follow up for cervical injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had received prior injections with short-term relief. The request for additional cervical injections is not medically necessary.