

Case Number:	CM15-0035939		
Date Assigned:	03/04/2015	Date of Injury:	07/22/2003
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported injury on 07/22/2003. The diagnoses was lumbar radiculopathy. The documentation of 02/05/2015 revealed the injury had chronic low back pain. The mechanism of injury was not provided. The injured worker underwent epidural steroid injections on the left at L3-4, and L4-5 which provided 75% improvement. The injured worker indicated he was able to try Norco at higher doses and it was providing better relief with the pain score down from 8/10 to 6/10. The injured worker's use of MS Contin allowed him to move with greater ease of 30% improvement and to provide his personal ADLs and care of his dog and household chores. The injured worker denied a change in bowel and bladder habits. Physical examination revealed tenderness to palpation in the midline at approximately L4-5 with some muscle spasms with radicular snapping band tenderness radiating over the left and right in the quadratus lumborum. The injured worker's gait was slow. The treatment plan included MS Contin 30 mg 1 by mouth q am and 1 at noon and 2 at bedtime and Norco 10/325 mg 1 every 6 to 8 hours for breakthrough pain. The injured worker underwent a urine drug screen. Medications included gabapentin. There was a Request for Authorization submitted for review dated 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for indicated the injured worker had objective improvement in function, an objective decrease in pain and there was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates would be 150 mg of daily morphine equivalent dosing. This exceeds guideline recommendations of 120 mg. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for MS Contin 30 mg is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker had objective decrease in pain. However, the daily morphine equivalence would be 150 mg, which exceeds the maximum recommendation of 120 mg. Additionally, the request as submitted failed to indicate the strength, frequency and quantity of medication being requested. Given the above, the request for Norco is not medically necessary.