

Case Number:	CM15-0039656		
Date Assigned:	04/09/2015	Date of Injury:	03/10/2001
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old woman sustained an industrial injury on 3/10/2001. The mechanism of injury is not detailed. Diagnoses include chronic low back pain, lower extremity edema and chronic gastroesophageal reflux disease. Treatment has included oral and topical medications, home health nurse to assist with care, and mobility by wheelchair. Physician notes dated 2/9/2015 show complaints of persistent pain rated 10/10. Recommendations include continue Norco, Duragesic patch, and MS Contin to palliatively manage her chronic pain, begin seated exercises and go outside when able, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management Page(s): 86 and 78-80.

Decision rationale: Duragesic patch 50mcg #10 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that on the 2/6/14 progress note the patient walked for short walks with her walker. The 4/9/15 progress note indicates that the medications bring the patient's pain from a 9/10 to a 4/10 however, the documentation states that the patient does not walk for exercise and is mostly in her wheelchair. The documentation reveals that the patient has been on long term opioids with an MED level which exceeds the 120 mg morphine equivalent dose and without significant functional improvement which is not supported by the MTUS. The request is therefore for continued Duragesic patch is not medically necessary.

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: MS Contin 60mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that on the 2/6/14 progress note the patient walked for short walks with her walker. The 4/9/15 progress note indicates that the medications bring the patient's pain from a 9/10 to a 4/10 however, the documentation states that the patient does not walk for exercise and is mostly in her wheelchair. The documentation reveals that the patient has been on long term opioids with an MED level which exceeds the 120 mg morphine equivalent dose and without significant functional improvement which is not supported by the MTUS. The request is therefore for continued MS Contin is not medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Norco 10/325mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that dosing not exceed 120 mg oral

morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that on the 2/6/14 progress not the patient walked for short walks with her walker. The 4/9/15 progress note indicates that the medications bring the patient's pain from a 9/10 to a 4/10 however, the documentation states that the patient does not walk for exercise and is mostly in her wheelchair. The documentation reveals that the patient has been on long term opioids with an MED level which exceeds the 120 mg morphine equivalent dose and without significant functional improvement which is not supported by the MTUS. The request is therefore for continued Norco is not medically necessary.