

<b>Case Number:</b>	CM15-0041725		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 (IW) is a 43-year-old male who sustained an industrial injury on 07/13/2012. The left shoulder, lower back and neck were affected. Diagnoses include disorders of the sacrum and pain of the joint - pelvis and thigh. Treatment to date has included medications, physical therapy, epidural steroid injections (ESIs), H-Wave unit, trigger point injections and surgery. X-rays, EMG/NCSs and MRIs have been performed. A progress note on 11/5/14 indicated the claimant will be tapered off of MS Contin. The current does was 15 mg - QID. According to the progress notes dated 1/12/15, the IW reported continued worsening lumbar and right-sided leg pain. The claimant remained on 60 mg of MSContin BID. The record stated medications and trigger point injections were helpful, however the ESIs were not. The requested services were part of the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg, quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

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

**Decision rationale:** 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. In this case, the MSContin for several months without improvement in pain. The weaning did not occur. The claimant was on a combined dose of MSContin and Norco that exceeded the daily recommended maximum Morphine equivalent of 120 mg. The continued use of MSContin is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioid Page(s): 80.

**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. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The claimant was on a combined dose of MSContin and Norco that exceeded the daily recommended maximum Morphine equivalent of 120 mg. The continued use of Norco is not medically necessary.