

Case Number:	CM15-0042922		
Date Assigned:	03/13/2015	Date of Injury:	03/05/2007
Decision Date:	04/17/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 3/5/2007. He has reported sudden onset and increased over time with injury to neck, back, left arm and left wrist. He is status post distal ulnar joint cartilage tear in 1984. The diagnoses have included chronic neck pain with left radiculopathy, chronic low back pain with left radiculopathy, left side sacroiliitis, and degenerative disc disease with left L3 nerve root impingement. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), ibuprofen documented to cause gastric bleeding, physical therapy, and an epidural injection. Documentation is erratic but some notes mention that patient had a C6-7 discectomy and fusion in 2002. MRI of cervical spine on 10/24/13 revealed C3-4 and C4-5 disc bulge. C6-7 showed disc bulge and retrolisthesis. Urine Drug Screen on 1/5/15 was positive for multiple opioids. Last progress note dated 3/3/15 documents that, patient complains of neck and low back pain now reported with muscle spasms. Pain is 10/10 and improves to 7/10 with medications. The physical examination from 2/9/15, 3/3/15 documented "no acute physical findings". Noted decreased sensation at C7-8 dermatomes, with decreased grip on R side. Diffuse neck pain with spasms and limited range of motion. No complete medication list was provided or appropriately documented by provider with multiple notes only noting norco as the only medication. There is only a single progress note dated 2/9/15 that list "vicodin", "soma", Dilaudid 3mg once a day, Dilaudid 3mg every 4 hours as needed, nexium, MS Contin 60mg 2 times a day and Norco 10/325 5times a day from documentation. The plan of care included continuation of medication therapy pending surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DOS: 2/9/2015 MS Contin 60mg QTY: 60.00: 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): 76-78.

Decision rationale: MS Contin is oral Morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement and objective improvement in function is not appropriately documented. It actually shows no improvement in pain from months of opioid therapy. Pain is still often 7/10 or higher even with multiple opioids. Patient exceeds the maximum recommended Morphine Equivalent Dose (MED) of 120mg. Patient takes over 200mg MED. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Pt is noted to be on Hydromorphone, Oral Morphine and Norco. There is no documentation of any long term plan for pain management. There has not been an attempt at appropriate weaning of patient off such high dose of opioids. Current regiment of MS Contin is not medically necessary.

Retrospective DOS: 2/9/2015 Norco 10/325mg QTY: 150.00: 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): 76-78.

Decision rationale: Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement and objective improvement in function is not appropriately documented. It actually shows no improvement in pain from months of opioid therapy. Pain is still often 7/10 or higher even with multiple opioids. Patient exceeds the maximum recommended Morphine Equivalent Dose (MED) of 120mg. Patient takes over 200mg MED. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Pt is noted to be on Hydromorphone, Oral Morphine and Norco. There is no documentation of any long term plan for pain management. There has not been an attempt at appropriate weaning of patient off such high dose of opioids. Current regiment of Norco is not medically necessary.

Retrospective DOS: 2/9/2015 Soma 350mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

Retrospective DOS: 2/9/2015 Nexium 40mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Nexium is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidelines, a PPI is recommended in patients on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient is not on an NSAID and has no listed conditions that place patient in high risk category. Nexium is not medically necessary.