

Case Number:	CM15-0083342		
Date Assigned:	05/05/2015	Date of Injury:	03/17/2002
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/30/2015

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: Ohio, North Carolina, Virginia
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 65 year old female, who sustained an industrial injury on 3/17/2002. She reported injury to her low back when a client pulled her down to the floor. The injured worker was diagnosed as having lumbar spine radiculopathy. Treatment to date has included medications, magnetic resonance imaging, caudal epidural block, CT scan, and lumbar surgery. The request is for Endocet and MS Contin. On 3/31/2015, she complained of continued low back pain. The provider indicated she was offered a dorsal column stimulator. She reported a 30% improvement in pain and function with the use of medications. The treatment plan included: Elavil, Endocet, MS Contin, and Neurontin. The records indicate she has utilized Endocet and MS Contin since at least June 2014. There are no aberrant behaviors noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg, #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxycodone/acetaminophen (Percocet; generic available); Percocet (oxycodone & acetaminophen); Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing monitoring for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia with medication, and time to onset of analgesia with medication. Pain scores should be done at each visit. Functionality should be formally assessed via a validated scoring instrument every 6 months. Opioids may generally be continued when there is pain relief and functional improvement. Opioids should be discontinued if this is not the case. In this instance, the injured worker's total daily morphine equivalency has exceeded 120 mg a day. Notes from utilization review have progressively diminished this injured worker's allowable Endocet down to zero. Yet, the progress notes from the treating provider has continued to document refills of this medication at quantities of #112 per month. The reasons given for the quantity modification have included inadequate documentation of pain scores and a lack of demonstrable functional improvement. In this reviewer's reading of the medical record, the treating physician documents pain scores of continuous 9/10 pain but then goes on to say that the worst pain is 7/10 and 6/10 on average. It is documented that the injured worker is 30% functionally better on pain medications and has 30% better pain on the opioids. The pain scores documented do not support this notion. Pain scores from February and March of 2015 show continuous pain scores of 9/10, despite medication. The notes also go on to say that, CURES report and urine drug screens show no evidence of aberrant drug taking behavior and yet no urine drug screens have been submitted for review. In essence, evidence that actual pain relief is occurring with the current opioid regimen is lacking. The treating physician continued to write for the same quantities of Endocet despite quantity reductions from utilization review. Therefore, Endocet 10/325 mg #112 is not medically appropriate and necessary.

MS (Morphine sulfate) Contin 30mg, #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing monitoring for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia with medication, and time to onset of analgesia with medication. Pain scores should be done at each visit. Functionality should be formally assessed via a validated scoring instrument every 6 months. Opioids may generally be continued when there is pain relief and functional improvement. Opioids should be discontinued if this is not the case. In this instance, the injured worker's total daily morphine equivalency has exceeded 120 mg a day. Notes from utilization review have progressively diminished this injured worker's allowable Endocet down to zero. The quantity of MS Contin 30 mg has been modified to #56. The reasons given for the quantity modification have included inadequate documentation of pain scores and a lack of demonstrable

functional improvement. In this reviewer's reading of the medical record, the treating physician documents pain scores of continuous 9/10 pain but then goes on to say that the worst pain is 7/10 and 6/10 on average. It is documented that the injured worker is 30% functionally better on pain medications and has 30% better pain on the opioids. The pain scores documented do not support this notion. Pain scores from February and March of 2015 show continuous pain scores of 9/10, despite medication. The notes also go on to say that CURES report and urine drug screens show no evidence of aberrant drug taking behavior and yet no urine drug screens have been submitted for review. In essence, evidence that actual pain relief is occurring with the current opioid regimen is lacking. Adequate documentation for aberrant drug taking behavior is missing. Therefore, MS Contin 30 mg #84 is not medically appropriate and necessary.