

Case Number:	CM14-0129671		
Date Assigned:	08/20/2014	Date of Injury:	08/06/2009
Decision Date:	10/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old patient sustained an injury on 8/6/09 while employed by [REDACTED]. Request(s) under consideration include MS CONTIN 15MG TABLET 1 PO QHS #300, 1 REFILL, NORCO 10-325MG TABLET 1 EVERY 4-6 HOURS FOR PAIN #180, 1 REFILL, and MS CONTIN CR 30MG TABLET TAKE 1 DAILY #300, 1 REFILL. Diagnosis list left wrist pain s/p unspecified wrist surgery (undated). Current medications list MS Contin 15 mg for bedtime, MS Contin CR 30 mg daily, Norco 10/325 mg every 4-6 hours and Ibuprofen 800 mg 3x/daily. Conservative care has included wrist bracing, medications, therapy, and modified activities/rest. Report of 2/19/14 from the pain management provider noted patient with ongoing chronic left wrist pain rated at 5/10 with MS Contin and Norco controlling pain. Medications list Voltaren gel; MS Contin 15 mg and CR 30 mg; Norco; Flector Patch; Ambien; and Ibuprofen. Exam showed wrist with left volar, dorsal, radial scar; 4/5 motor strength on left; decreased sensation over thumb and index finger on left side. Diagnoses included wrist and joint pain with treatment for medication refills. The patient remained P&S. Report of 7/9/14 from the provider noted the patient with unchanged ongoing chronic symptoms rated at 5/10. Exam was unchanged and showed left volar, dorsal and radial scar; restricted range of flex/extension at 0 degrees; tenderness to palpation over radial and ulnar sides and at mid wrist; diffuse 4/5 weakness on left; and decreased sensation over left side of thumb and index finger. Treatment included medication refills. The request(s) for MS CONTIN 15MG TABLET 1 PO QHS #300, 1 REFILL was modified for #15, NORCO 10-325MG TABLET 1 EVERY 4-6 HOURS FOR PAIN #180, 1 REFILL was modified for #90, and MS CONTIN CR 30MG TABLET TAKE 1 DAILY #300, 1 REFILL was modified for #15 for weaning purposes on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG TABLET 1 PO QHS #300, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78-79.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Symptom complaints, VAS level, and clinical findings remain unchanged without functional improvement. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The MS Contin 15mg tablet 1 po qhs #300, 1 refill is not medically necessary and appropriate.

NORCO 10-325MG TABLET 1 EVERY 4-6 HOURS FOR PAIN #180, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-80.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the

continuing use of opioids with persistent severe pain for this chronic injury of August 2009. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10-325mg tablet 1 every 4-6 hours for pain #180, 1 refill is not medically necessary and appropriate.

MS CONTIN CR 30MG TABLET TAKE 1 DAILY #300, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Clinical findings and symptoms complaints remain unchanged. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2009 injury. The MS Contin CR 30mg tablet take 1 daily #300, 1 refill is not medically necessary and appropriate.