

<b>Case Number:</b>	CM14-0139084		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 49 year old male who sustained an injury on 07/17/02 while lifting sheetrock weighing approximately 50 lbs. The injured worker developed pain in the right lower quadrant secondary to an inguinal hernia which required surgical repair in September of 2002. The injured worker developed postoperative inguinal pain that persisted despite prior physical therapy. The injured worker has also utilized a transcutaneous electrical nerve stimulation (TENS) unit, topical analgesics, and a home exercise program with some response. The injured worker did undergo a spinal cord stimulator implantation in February of 2010 which provided approximately 40-50% relief of pain. The injured worker also obtained multiple epidural steroid injections and was treated with Viagra for erectile dysfunction. The injured worker was under a pain contract for narcotic medications which included Norco 10/325mg utilized 3 times a day and MS Contin 30mg daily. The injured worker reported that narcotic medications reduced his pain by up to 50%. As of 08/11/14, the injured worker had increasing anxiety due to his medications not being filled appropriately. The injured worker reported uncontrolled pain due to the lack of medications. The injured worker did appear visibly agitated at this evaluation. The injured worker was prescribed 15mg of MS Contin daily as well as Norco 10/325mg 3 times a day. Follow up on 09/10/14 noted the injured worker did receive medications; however, he had not been able to pick up the medications up as they were not due. The injured worker indicated he was willing to try fewer narcotics. With medications, the injured worker did report his pain was improved by at least 50% with increasing activities of daily living. Currently, the injured worker was unable to work due to the lack of medications. The injured worker did report side effects from prior anticonvulsant use as well as no help from Lidoderm patches. The injured worker was obtaining some relief with spinal cord stimulation. The injured worker was willing to trial Cymbalta and spinal cord stimulator reprogramming was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of MS Contin 15mg, #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Management).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation submitted, the requested MS Contin 15mg, quantity 30 is medically necessary. The injured worker has been compliant with narcotics use to date which has provided at least 50% improvement in regards to the injured worker's pain as well as functional improvement to the point where the injured worker was able to return to work. The clinical documentation did note clear evidence of withdrawal symptoms in August of 2014 when the injured worker's medications were not provided on a realistic basis. Per guidelines, narcotic medications to include MS Contin are not recommended to be stopped abruptly. The clinical documentation did note clear evidence of efficacy with this medication that would support its continued use. Per guidelines, MS Contin and other narcotics are recommended for moderate to severe musculoskeletal complaints when there are objective findings to support pain reduction and functional improvement. As this was clearly noted in the clinical records, this request is medically appropriate.

### **1 prescription of Norco 10/325mg, #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Management).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation submitted, the requested Norco 10/325mg quantity 90 is medically necessary. The injured worker has been compliant with narcotics use to date which has provided at least 50% improvement in regards to the injured worker's pain as well as functional improvement to the point where the injured worker was able to return to work. The clinical documentation did note clear evidence of withdrawal symptoms in August of 2014 when the injured worker's medications were not provided on a realistic basis. Per guidelines, narcotic medications to include Norco are not recommended to be stopped abruptly. The clinical documentation did note clear evidence of efficacy with this medication that would support its continued use. Per guidelines, Norco and other narcotics are recommended for moderate to severe musculoskeletal complaints when there are objective findings to support pain reduction and functional improvement. As this was clearly noted in the clinical records, this request is medically appropriate.

