

Case Number:	CM14-0139586		
Date Assigned:	09/05/2014	Date of Injury:	11/15/1995
Decision Date:	10/09/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/28/2014

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 & Rehabilitation and is licensed to practice in Texas & Ohio. 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 67 year old female who reported an injury on 11/15/1995. The mechanism of injury was not specified. The diagnoses included lumbosacral neuritis. Past treatments included medications. There were no diagnostic studies or surgical history provided. On 07/29/2014 the injured worker complained of pain, when medicated the level was 6/10 and without medication the level was 9/10. She indicated she had high stress that was affecting her pain and the pain was worse in her back. The physical exam noted the injured worker was anxious from the death of family members. Medications included MS Contin 100mg and Norco 10/325mg. The treatment plan included continuing medications. The rationale for the request was not provided. The request for authorization form was provided on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg, QTY: 180, 3 month supply.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for MS Contin 100mg, quantity 180 for a 3 month supply is not medically necessary. The injured worker has a history of lumbosacral neuritis. The California MTUS guidelines state for opioid ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker complained of having high stress that was affecting her pain and the pain was worse in her back. The injured worker reported a pain level without medications of 9/10 and with medications of 6/10. The necessity of ongoing use of MS Contin cannot be established as there is a lack of clear evidence of functional improvement and medication compliance, as well as an assessment of side effects. There does not appear to be significant pain relief or objective functional improvements with the use of MS Contin. Furthermore, the frequency was not provided in the request. Therefore the request is not supported. As such, the request MS Contin 100mg, quantity 180 for a 3 month supply is not medically necessary.

Norco 10/325 mg QTY: 120, 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, quantity 120 for a 3 month supply is not medically necessary. The injured worker has a history of lumbosacral neuritis. The California MTUS guidelines state for opioid ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker complained of having high stress that was affecting her pain and the pain was worse in her back. The injured worker reported a pain level without medications of 9/10 and with medications of 6/10. The necessity of ongoing use of Norco cannot be established as there is a lack of clear evidence of functional improvement and medication compliance, as well as an assessment of side effects. There does not appear to be significant pain relief or objective functional improvements with the use of Norco. Furthermore, the frequency was not provided in the request. Therefore, the request is not supported. As such, the request for Norco 10/325 mg, quantity 120 for a 3 month supply is not medically necessary