

Case Number:	CM14-0148708		
Date Assigned:	09/18/2014	Date of Injury:	01/22/2009
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 50-year-old female who has submitted a claim for lumbar disc displacement herniation, lumbar spinal stenosis, lumbar radiculopathy, and lumbar degenerative facet disease associated with an industrial injury date of 1/22/2009. Medical records from 2/4/2014 up to 9/23/2014 were reviewed showing continued aching, shooting, and dull pain located in the bilateral legs, buttocks, hips, and low back. The pain is constant with spasticity. Pain is aggravated by lifting, sitting, bending, twisting, and walking. It is alleviated by rest, heat, and medications. Pain without medications is 4-9/10, and 2/10 with medications. She is able to walk for 20 minutes and stand for 5 minutes when she is using her medications. A psychiatric PR dated 6/17/2014 mentioned a diagnosis of depressive disorder with compulsive personality traits Global Assessment of Functioning (GAF) 40. In PR dated 9/23/2014, a UDS was done however the results are pending. Physical examination showed tenderness over the right PSIS and greater trochanter. Low back pain was elicited with right hip flexion. SLR was positive in the right. Treatment to date has included Norco 10/325mg, MS Contin 30mg, Lunesta, gabapentin, omeprazole, Voltaren, temazepam, and Levothyroid Utilization review from 8/28/2014 denied the request for Norco 10/325mg #210 and MS Contin 30mg #120. The submitted reports are lacking evidence of objective functional benefit to support the patient's subjective improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, criteria for use for a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 75-88.

Decision rationale: According to page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since at least 2/2014. There is improvement of function and reduction in pain with use of this medication. Pain without medications is 4-9/10, and 2/10 with medications. She is able to walk for 20 minutes and stand for 5 minutes when she is using her medications. Guideline criteria for continuing opioid management have been met. Therefore the request for Norco 10/325mg #210 is medically necessary.

MS Contin 30mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, criteria for use for a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking MS Contin since at least 2/2014. There is improvement of function and reduction in pain with use of this medication. Pain without medications is 4-9/10, and 2/10 with medications. She is able to walk for 20 minutes and stand for 5 minutes when she is using her medications. Guideline criteria for continuing opioid management have been met. Therefore the request for MS Contin 30mg #120 is medically necessary.