

Case Number:	CM14-0092782		
Date Assigned:	07/25/2014	Date of Injury:	09/06/2001
Decision Date:	10/08/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Acupuncture and Pain Medicine 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 61 year old male injured worker with date of injury 9/6/01 with related low back and neck pain. Per progress report dated 5/13/14, the injured worker rated his pain 8/10 without medications, 4/10 with medications. It was noted: "With medications, it comes down to a 4/10. With the MS Contin, he gets relief within 30 minutes, and he gets approximately 5 hours of pain relief. With the Percocet, he states it kicks in within about 40 minutes, and he gets about 2 to 3 hours of pain relief, and they bring his pain level down from an 8/10 to a 4/10. They allow him to take care of his 17-year-old son and interact with them. It also helps with activities of daily living such as cooking, cleaning, laundering, and light household chores. There are no adverse side effects from the medications. No aberrant behaviors. His last random urine drug screen on 02/18/2014 was consistent." MRI of the cervical spine dated 10/5/01 revealed multilevel cervical spondylosis, more severe at C5-C6 producing moderate right intervertebral foraminal narrowing and mild left intervertebral foraminal narrowing. Treatment to date has included trigger point injections, chiropractic manipulation, physical therapy, and medication management. The date of UR decision was 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #120, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 86, 93.

Decision rationale: On-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation supporting the ongoing use of this medication. As noted above, pain relief, functional improvement, adverse effects, and UDS report confirming appropriate usage were noted in the documentation. However, per MTUS p86, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The injured worker's current Morphine equivalent dosage is 330mg, far in excess of the guideline recommendation. The request is not medically necessary.

Percoet 10/325mg #180, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 86, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation supporting the ongoing use of this medication. As noted above, pain relief, functional improvement, adverse effects, and UDS report confirming appropriate usage were noted in the documentation. However, per MTUS p86, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The injured worker's current morphine equivalent dosage is 330mg, far in excess of the guideline recommendation. The request is not medically necessary.

