

Case Number:	CM14-0057427		
Date Assigned:	07/09/2014	Date of Injury:	09/08/2003
Decision Date:	06/10/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 64 year old male with an industrial injury dated 09/08/2003. His diagnoses included lumbar radiculopathy, spinal/lumbar degenerative disc disease and disc disorder: lumbar. Prior treatment included lumbar medial branch radiofrequency neurotomy, lumbar medial branch block, and epidural steroid injections. Prior medical issues included pulmonary emboli for which he was placed on Coumadin (blood thinner). He also had a gastrointestinal bleed and required a transfusion. He presents on 03/17/2014 with complaints of lower back ache and left knee pain. The provider documents pain level has remained unchanged since last visit. Activity level had remained the same and there were no new problems or side-effects. Physical exam revealed restricted range of motion of the lumbar spine with flexion limited to 40 degrees and extension limited to 0 degrees, right lateral bending was limited to 10 degrees and left lateral bending limited to 10 degrees. Lumbar facet loading was positive on both sides. Left knee exam showed restricted range of motion with tenderness to palpation over the lateral and medial joint line. The provider documented the injured worker is still having some pain but not as bad as it was before. On 10/24/2013 urine drug screen was inconsistent being negative for MS Contin and Norco and positive for phenobarbital. At that time the injured worker stated he had been given phenobarbital as he was completing some diagnostic tests for stomach issues. The injured worker had previously been prescribed Methadone however due to EKG (electrocardiogram) changes the provider had recommended changing to MS Contin. Per progress note dated 01/03/2013 the injured worker admitted that he was taking "a little more than 5/day" of his medications. On 03/10/2014 the injured worker admitted to taking more of his

medications due to increased lower back pain times 2 weeks. He presented one week early for his 4 week follow up visit stating he was out of his medications. The provider documented discussion with the injured worker that is was not okay to overtake meds. The provider also documents with meds pain level is reduced from 8/10 to 1/10 and the injured worker is more functional and able to complete activities of daily living independently. Treatment plan included a request for MS Contin for baseline pain control and Norco as needed for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was sufficient evidence found in the documentation provided to show benefit functionally and with pain level reduction related to the ongoing use of both MS Contin and Norco (for breakthrough pain). The abnormal urine drug tests were not significant evidence alone to suggest the worker would need to discontinue the medications that were helping him become more functional. Therefore, the Norco will be considered medically necessary at this time. However, finding the lowest effective dose and frequency should be sought after.