

Case Number:	CM15-0113692		
Date Assigned:	06/22/2015	Date of Injury:	10/01/2005
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 59 year old male, who sustained an industrial injury, October 1, 2005. The injured worker previously received the following treatments Flexeril, Motrin, Soma, Vicodin, Norco, Tramadol, Morphine, Supartz injection into the left knee and left knee x-rays. The injured worker was diagnosed with lumbar strain, left osteoarthritis and left knee strain/sprain. According to progress note of June 1, 2015, the injured worker's chief complaint was lower back pain. The injured worker reported the pain in the back was ok at this visit. The mediations were helping the pain. The physical exam of the lumbar spine noted muscle spasms. The straight leg raises were negative. The left knee had crepitus and mild swelling. The injured worker needed refills on mediations at this visit. The treatment plan included prescription refills for Tramadol, Norco, and Morphine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg twice a day by mouth quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in October 2005 and continues to be treated for chronic low back pain and advanced osteoarthritis of the left knee. When seen, medications were helping. There were lumbar spine muscle spasms. There was left knee and ankle swelling and left knee crepitus. Supartz injections were being performed. Tramadol, Norco, and MS Contin were prescribed at a total MED (morphine equivalent dose) of nearly 360 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 3 times that recommended. The degree of pain relief, if any, is not quantified. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Morphine Extended release 100mg twice a day by mouth quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in October 2005 and continues to be treated for chronic low back pain and advanced osteoarthritis of the left knee. When seen, medications were helping. There were lumbar spine muscle spasms. There was left knee and ankle swelling and left knee crepitus. Supartz injections were being performed. Tramadol, Norco, and MS Contin were prescribed at a total MED (morphine equivalent dose) of nearly 360 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 3 times that recommended. The degree of pain relief, if any, is not quantified. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Norco 10/325mg four times a day by mouth quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in October 2005 and continues to be treated for chronic low back pain and advanced osteoarthritis of the left knee. When seen, medications were helping. There were lumbar spine muscle spasms. There was left knee and ankle swelling and left knee crepitus. Supartz injections were being performed.

Tramadol, Norco, and MS Contin were prescribed at a total MED (morphine equivalent dose) of nearly 360 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 3 times that recommended. The degree of pain relief, if any, is not quantified. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.