

Case Number:	CM15-0124383		
Date Assigned:	07/08/2015	Date of Injury:	12/03/2013
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 is a 45 year old female, who sustained an industrial injury on 12/3/13. The injured worker has complaints of back pain and bilateral arm pain that radiates to the hand. The documentation noted cervical spine palpation tenderness spinous processes and tender facet joint. Tender left paracervical, tender right paracervical tender left trapezius and tender right trapezius. The diagnoses have included lumbago; lumbar radiculopathy and lumbar disc disorder. Treatment to date has included heat; Norco; Oxycontin; soma; Xanax; robaxin; physical therapy and injections. The request was for Norco 10/325mg #90 and MS Contin 15mg extended release #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 93, 124.

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 injury in December 2013 and continues to be treated for back and bilateral radiating arm pain. When seen, OxyContin at an unknown dose and Norco were listed as active medications although MC Contin had been prescribed at the previous visit. Physical examination findings included paraspinal muscle spasms with positive facet loading and spinous process tenderness. There was right lateral sacroiliac joint, shoulder, and lower extremity tenderness. MS Contin and Norco were prescribed. MS Contin was prescribed on an as needed basis. The total MED (morphine equivalent dose) was 60 mg per day. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

MS Contin 15mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 93, 124.

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 injury in December 2013 and continues to be treated for back and bilateral radiating arm pain. When seen, OxyContin at an unknown dose and Norco were listed as active medications although MC Contin had been prescribed at the previous visit. Physical examination findings included paraspinal muscle spasms with positive facet loading and spinous process tenderness. There was right lateral sacroiliac joint, shoulder, and lower extremity tenderness. MS Contin and Norco were prescribed. MS Contin was prescribed on an as needed basis. The total MED (morphine equivalent dose) was 60 mg per day. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. However, dosing of MS Contin is not on an as needed basis. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.