

Case Number:	CM15-0171659		
Date Assigned:	09/14/2015	Date of Injury:	09/29/2001
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 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 66-year-old female with an industrial injury dated 09-29-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, attention deficit hyperactivity disorder and failed back surgery syndrome (FBSS). Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (02-26-2015 to 8-13-2015) indicate ongoing low back pain. The injured worker reported low back pain ranging from a 2-3 out of 10. The injured worker reported (8-13-2015) that medications allow 50% improvement in function with walking, standing and sitting. Objective findings (8-13-2015) revealed 45 degrees lumbar flexion, 10 degrees lumbar extension, positive bilateral straight leg raises, and decrease sensation in L5 and S1 dermatomes. The injured worker has been on Norco and MS Contin since at least 02-26-2015. The treatment plan consisted of medication management, weight loss, home exercise program and follow up visit. The treating physician prescribed Norco 10-325 MG #150 and MS Contin 30 MG #60, now under review. Utilization Review determination on 08-21-2015, partially approved the request for Norco 10-325 MG #100 (original #150) and MS Contin 30 MG #30 (original #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with MSContin for several months with consistent 2/10 pain level. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure (since pain was stable and controlled). The continued use of Norco is not medically necessary.

MS Contin 30 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: MSContin is not to be used 1st line for treatment of mechanical or compressive etiologies. It has not been studied for long-term use for back pain. The claimant had been on MSContin along with Norco for several months with consistent 2/10 pain indicating stable pain control. There was not mention of weaning or tricyclic attempt. Continued and chronic use is not medically necessary.