

Case Number:	CM15-0176794		
Date Assigned:	09/17/2015	Date of Injury:	03/10/2001
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65-year-old woman sustained an industrial injury on 3-10-2001. The mechanism of injury is not detailed. Diagnoses include chronic low back pain with bilateral S1 radicular symptoms, spondylolisthesis with spondylosis at L5-S1 with multilevel disc changes and lower extremity edema. Treatment has included oral and topical medications. Physician notes dated 7-23-2015 show complaints of low back and bilateral lower extremity pain. The worker has had a couple of hospital visits during which she required intravenous medications for these same complaints. The worker rates her pain 10 out of 10 without medications and 3 out of 10 with medications. The worker also states that the podiatrist has referred her to a vascular surgeon as she does not seem to have good circulation to her legs and feet. The physical examination shows mild distress, use of a wheelchair and a left heel bandage. Recommendations include MS Contin, Norco, Duragesic patch, urine drug screen, and follow up in one month. Utilization Review denied a request for Norco, MS Contin, and Duragesic patch citing the worker's last urine drug screen contained inconsistent results, the dosing exceeds the 120 mg oral morphine equivalent daily recommendation. Further, the worker's dose was modified on 7-15-2015 and 8-13-2015 for weaning purposes, therefore, discontinuation is appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #189: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 189 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are chronic low back pain, bilateral S1 radicular symptoms and spondylolisthesis spondylosis L5-S1; lower extremity edema and chronic gastroesophageal reflux. The date of injury is March 10, 2001. Request for authorization is dated August 19, 2015. According to the progress note, dated January 7, 2015, medications include Duragesic 50 mg, MS Contin, and Norco 10/325mg. A urine drug screen dated November 13, 2014 was positive for ethanol. The injured worker denies alcohol ingestion. A second urine drug screen was performed July 23, 2015 that was positive for Xanax and oxycodone. Injured worker denies taking Xanax and oxycodone. According to a July 23, 2015 progress note, subjective complaints include low back pain that radiates to the lower extremities. Pain score is 3/10. Objectively, there is no physical examination documented in the medical record. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. The morphine equivalent dose (MED) exceeds the recommended norm of 120. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with two long acting opiates and Norco with no clinical indication or rationale, multiple urine drug screens inconsistent for prescribed medications, an MED that exceed the norm of 120 and no documentation demonstrating objective functional improvement to support ongoing Norco, Norco 10/325mg #189 is not medically necessary.

Duragesic patch 50mcg, #8: 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): Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 50 mg #8 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are chronic low back pain, bilateral S1 radicular symptoms and spondylolisthesis spondylosis L5-S1; lower extremity edema and chronic gastroesophageal reflux. The date of injury is March 10, 2001. Request for authorization is dated August 19, 2015. According to the progress note dated January 7, 2015, medications include Duragesic 50 mg, MS Contin, and Norco 10/325mg. A urine drug screen dated November 13, 2014 was positive for ethanol. The injured worker denies alcohol ingestion. A second urine drug screen was performed July 23, 2015 that was positive for Xanax and oxycodone. Injured worker denies taking Xanax and oxycodone. According to a July 23, 2015 progress note, subjective complaints include low back pain that radiates to the lower extremities. Pain score is 3/10. Objectively, there is no physical examination documented in the medical record. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. The morphine equivalent dose (MED) exceeds the recommended norm of 120. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with two long acting opiates and Norco with no clinical indication or rationale, multiple urine drug screens inconsistent for prescribed medications, an MED that exceed the norm of 120 and no documentation demonstrating objective functional improvement to support ongoing Duragesic patch, Duragesic patch 50 mg #8 is not medically necessary.

MS Contin 60mg, #71: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 60 mg #71 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or

a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain, bilateral S1 radicular symptoms and spondylolisthesis spondylosis L5-S1; lower extremity edema and chronic gastroesophageal reflux. The date of injury is March 10, 2001. Request for authorization is dated August 19, 2015. According to the progress note dated January 7, 2015, medications include Duragesic 50 mg, MS Contin, and Norco 10/325mg. A urine drug screen dated November 13, 2014 was positive for ethanol. The injured worker denies alcohol ingestion. A second urine drug screen was performed July 23, 2015 that was positive for Xanax and oxycodone. Injured worker denies taking Xanax and oxycodone. According to a July 23, 2015 progress note, subjective complaints include low back pain that radiates to the lower extremities. Pain score is 3/10. Objectively, there is no physical examination documented in the medical record. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. The morphine equivalent dose (MED) exceeds the recommended norm of 120. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with two long acting opiates and Norco with no clinical indication or rationale, multiple urine drug screens inconsistent for prescribed medications, an MED that exceed the norm of 120 and no documentation demonstrating objective functional improvement to support ongoing MS Contin, MS Contin 60 mg #71 is not medically necessary.