

Case Number:	CM15-0177696		
Date Assigned:	09/18/2015	Date of Injury:	10/29/2007
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 61 year old male who sustained an industrial injury on 10-29-07. Diagnoses include: herniated nucleus pulposus L4-5 and L5-S1, facet arthropathy of lumbar spine and right ankle degenerative joint disease, status post ORIF in 2008. Treatment has included surgery, lumbar epidural steroid injection, viscosupplementation, occupational therapy, acupuncture, physical therapy, home exercise program, recurrent urine drug screens and medications. According to the present medical records, he is being treated for right ankle pain and compensatory low back pain. Progress report dated 8-11-15 reported complaints of worsening lower back pain. The pain was described as aching, burning and stabbing with tingling and numbness down the left lower extremity to the heel. He reported increased pain in his left ankle and continued with pain in his right ankle. Medications included: MS Contin 15 mg one daily, Senna-S, and Norco 10-325 mg one every 4 hours maximum of 5 daily. The pain was rated 9 out of 10 without medication and 5 out of 10 with medication. He reported that the medications allow improved function and without them, he would be "debilitated". There was no evidence of aberrant drug-seeking behaviors. Upon exam, his lumbar spine is tender to palpate at mid-line, with decreased sensation at L4-5 and L1 and range of motion is decreased. Knee extension left and right is 5 out of 5 and ankle dorsiflexion is 5 out of 5 on the left and 4+ out of 5 on the right. Plan of care included: treatment options discussed, continue follow up for orthopedic care, request and continue current medications and follow up with pain management in 4 weeks. Work status: per primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Medications for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids.

Decision rationale: MS Contin is a controlled-release form of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing from use of other opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of addiction. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is following these recommendations, is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. The patient had been given and failed first-line chronic pain medications (anti-depressants). The total daily dose of opioids (from MS Contin and Norco use) is 65 mg of morphine equivalents, which is less than the limit of 120 mg per day, and there is documented stability in dosing. Chronic use of opioids in this instance is not contraindicated. The request is medically necessary.

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, Hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg Hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of Hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The present provider is following these recommendations, is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. The patient had been given and failed first-line chronic pain medications (anti-depressants). The total daily dose of opioids (from MS Contin and Norco use) is 65 mg of morphine equivalents which is less than the limit of 120 mg per day and there is documented stability in dosing. Chronic use of opioids in this instance is not contraindicated. The request is medically necessary.