

Case Number:	CM15-0179413		
Date Assigned:	09/21/2015	Date of Injury:	05/03/1995
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 69 year old female who sustained an industrial injury on 05-03-1995. Mechanism of injury was a slip and fall. Diagnoses include post cervical laminectomy syndrome, cervical spondylosis, post lumbar laminectomy syndrome, and muscle spasm. A physician progress note dated 08-20-2015 documents the injured worker complains of neck pain that has not changed since his last visit. She rates her pain as 4 out of 10 with her medications, and without medications her pain is 10 out of 10. Her activity level is the same and quality of sleep is fair. Cervical range of motion is restricted and limited by pain. Spurling's causes radicular symptoms. She has tenderness in the cervical spine and paracervical muscles. Norco allows the injured worker to sleep 7 hours at night, and tolerate ADL including household chores. She takes 6 Norco a day. A taper was attempted but her function decreased. A physician progress note dated 05-18-2015 documents the injured workers pain has remained the same since his last visit. She has no new problems or side effects. Her medications are working well. In a progress note dated 04-30-2015 she reports her pain as 2 out of 10 with medications and 7 out of 10 without medications. Cervical range of motion remains restricted and painful. Treatment to date has included diagnostic studies, medications, status post lumbar spine, and cervical spine surgery. Current medications include Flexeril, MS Contin, Norco, Imitrex injectable, Percocet, and Risperidone. A Urine Toxicology Screen done on 05-21-2015 was consistent. The injured worker has been on MS Contin, Norco, and Flexeril since at least 07-24-2015. On 08-27-2015 the Utilization Review non-certified the request for Flexeril 10 mg QTY: 90.00, MS Contin 60 mg QTY: 60.00 was modified to MS Contin 60mg to QTY 54, MS Contin 30 mg QTY 30.00 was modified to MS Contin 30mg to QTY 27, and Norco 10/325 mg QTY 90.00 was modified to Norco 10-325mg QTY 81.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY 90.00: 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, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking multiple opiates for several years. The documentation does report improvement of pain with the use of the medications, but there is documentation of overall functional improvement. The MTUS guidelines "recommend that dosing not exceed 120mg oral morphine equivalents per day." This includes the inclusion of all opiate containing medications. The IW's prescribed opiates exceeds this equivalent. In addition, the request does not include frequency or dosing. Without support of the documentation or the guidelines, the request for Norco is not medically necessary.

Flexeril 10 mg QTY: 90.00: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request Flexeril 10mg is not medically necessary.

MS Contin 30 mg QTY 30.00: 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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Oral morphine.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking multiple opiates for several years. The documentation does report improvement of pain with the use of the medications, but there is documentation of overall functional improvement. The MTUS guidelines "recommend that dosing not exceed 120mg oral morphine equivalents per day." This includes the inclusion of all opiate containing medications The IW's prescribed opiates exceeds this equivalent. In addition, the request does not include frequency or dosing. Without support of the documentation or the guidelines, the request for MS Contin 30mg is not medically necessary.

MS Contin 60 mg QTY: 60.00: 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, dosing, Opioids, specific drug list, Oral morphine.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking multiple opiates for several years. The documentation does report improvement of pain with the use of the medications, but there is documentation of overall functional improvement. The MTUS guidelines "recommend that dosing not exceed 120mg oral morphine equivalents per day." This includes the inclusion of all opiate containing medications The IW's prescribed opiates exceeds this equivalent. In addition, the request does not include frequency or dosing. Without support of the documentation or the guidelines, the request for MS Contin 60mg is not medically necessary.