

Case Number:	CM15-0061089		
Date Assigned:	04/07/2015	Date of Injury:	12/06/2005
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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 54 year old male, who sustained an industrial injury on 12/06/2005. He has reported injury to the low back and neck. The diagnoses have included lumbar post-laminectomy syndrome, cervical post-laminectomy syndrome, and bilateral lower extremity radiculopathy, right greater than left. Treatment to date has included medications, diagnostics, injections, implanted spinal cord stimulator, and surgical interventions. Medications have included Norco, MS Contin, Robaxin, Anaprox, Neurontin, and Prilosec. A progress note from the treating physician, dated 02/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain with debilitating headaches; and he recently underwent spinal cord stimulator trial, reporting at least 80% benefit, enabling him to be significantly more active, improvement with activities of daily living, and takes 50% less pain medication for that body part. Objective findings included tenderness to palpation in the neck and trapezius muscle; tenderness to palpation throughout the lumbar musculature; and notable antalgic gait favoring his left lower extremity. The treatment plan has included the request for MS Contin 30 mg 1 tablet three times a day as needed #90, and for Norco 10/325 mg every 8 hours #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg 1 tablet TID PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not indicated as 1st line for lumbar root pain. It is not 1st line for mechanical or compressive etiologies. The claimant had been on MS Contin at least for a few months. Pain relief was obtained from a stimulator. The claimant's combined use of MS Contin and Norco exceeded the 120 mg of Morphine equivalent recommended per day. In addition, there was mention of attempting weaning the following month but no protocol or agreement was noted. The continued use of Morphine as above is not medically necessary.

Norco 10/325 mg q 8 hours #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 for an unknown length of time in combination with MS Contin. The claimant's combined use of MS Contin and Norco exceeded the 120 mg of Morphine equivalent recommended per day. In addition, there was mention of attempting weaning the following month but no protocol or agreement was noted. The continued use of Norco as above is not medically necessary.