

<b>Case Number:</b>	CM15-0062180		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, Illinois

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 66 year old female, who sustained an industrial injury on May 13, 2011. The injured worker was diagnosed as having chronic pain, cervical strain and low back strain. Treatment and diagnostic studies to date have included medication and physical therapy. A progress note dated February 27, 2015 provides the injured worker complains of neck and low back pain. She reports a previous flare-up is better. Physical exam notes cervical, trapezius and lumbar tenderness. The plan includes medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on May 13, 2011. The medical records provided indicate the diagnosis of chronic pain, cervical strain and low back strain. Treatment and diagnostic studies to date have included medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg QTY: 180.00. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate opioid usage at least since 12/2014 without overall improvement in pain and function; the injured worker is not being monitored for pain control, adverse effects, activities of daily living and aberrant behavior. Therefore, the requested medical treatment is not medically necessary.

**Morphine sulfate ER 10mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on May 13, 2011. The medical records provided indicate the diagnosis of chronic pain, cervical strain and low back strain. Treatment and diagnostic studies to date have included medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Morphine sulfate ER 10mg QTY: 60.00. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate opioid usage at least since 12/2014 without overall improvement in pain and function; the injured worker is not being monitored for pain control, adverse effects, activities of daily living and aberrant behavior. Therefore, the requested medical treatment is not medically necessary.