

Case Number:	CM15-0063942		
Date Assigned:	05/20/2015	Date of Injury:	08/19/2009
Decision Date:	06/16/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/03/2015

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:

The injured worker (IW) is a 57-year-old male who sustained an industrial injury on 08/19/2009. Diagnoses include lumbar and thoracic spine musculoligamentous sprain/strain and bilateral lower extremity radiculitis. Treatments to date include medications, spinal cord stimulator, home exercise, cane use and spinal surgery. According to the progress notes dated 3/13/15, the IW reported moderate to severe low back pain, with radiating numbness and tingling to the bilateral lower extremities, and extending up to the mid back. He rated the pain 7 to 8/10. He ambulated with a cane. On examination, range of motion of the thoracic and lumbar spine was limited, with tenderness to palpation and muscle spasms/guarding over the paraspinal muscles, lumbosacral junction and sciatic notches. Straight leg raise was positive bilaterally and sensation was decreased bilaterally along the L5 and S1 dermatomes. Pain with medications was documented as 6-7/10; 8-9/10 without medications, and duration of relief 4 to 6 hours. Nucynta and Sonata were being discontinued. A request was made for Norco 10/325mg, #60, MS Contin 30mg, #60 and MSIR 15mg, #60 for treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 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 by the 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 lumbar spine musculoligamentous sprain and strain and bilateral lower extremity radiculitis with L4 - L5 and L5 - S1 fusion cages; thoracic musculoligamentous sprain/strain; psychiatric and sleep complaints, deferred; abdominal/internal medicine complaints, deferred; and sexual dysfunction, deferred. The documentation according to a September 30, 2014 progress note subjectively shows the injured worker had a VAS pain score 5/10 with medications and 9/10 without medications. Medications provided four hours of release and included Butrans 20 g, Lunesta 3 mg, Neurontin, trazodone and Cialis. Norco 10/325 mg was started. In a progress note dated November 7, 2014, there were no pain scales in the documentation. The treating provider continued Butrans 20 g, Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin. Nucynta ER 100 mg to 12 hours and Nucynta 50 mg one daily was started in addition to the ongoing medications enumerated. In December 5, 2014 progress note, the treating provider continued all of the aforementioned medications. The injured worker had a VAS pain score of 6-7/10 with medications and 8/10 without medications. In a January 12th 2015 progress note, there was no change in symptoms and no change in the pain score. In a progress note dated March 13, 2015 (request for authorization date March 13, 2015), the injured worker was started on MS Contin 30 mg #60 and Morphine sulfate IR #60, over and above, ongoing Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin, Nucynta ER 100 mg to 12 hours and Nucynta 50 mg. The documentation does not contain evidence of objective functional improvement with multiple opiates prescribed by the treating provider. Additionally, there is no subjective improvement with persistently elevated VAS pain scores despite ongoing Norco 10/325, Nucynta ER 100mg, Nucynta 50mg, The treating provider, according to a March 13, 2015 progress note, wants to add MS Contin 30 mg and MS IR to the drug regimen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement ongoing opiate use. There are no urine drug toxicology screens in the medical record. There are no pain contracts in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg, risk assessments, detail pain assessments, and attempt to wean opiates, prior urine drug screens and a pain contract, Norco 10/325mg # 60 is not medically necessary.

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 30 mg #60 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 by the 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 lumbar spine musculoligamentous sprain and strain and bilateral lower extremity radiculitis with L4 - L5 and L5 - S1 fusion cages; thoracic musculoligamentous sprain/strain; psychiatric and sleep complaints, deferred; abdominal/internal medicine complaints, deferred; and sexual dysfunction, deferred. The documentation according to a September 30, 2014 progress note subjectively shows the injured worker had a VAS pain score 5/10 with medications and 9/10 without medications. Medications provided four hours of release and included Butrans 20 g, Lunesta 3 mg, Neurontin, trazodone and Cialis. Norco 10/325 mg was started. In a progress note dated November 7, 2014, there were no pain scales in the documentation. The treating provider continued Butrans 20 g, Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin. Nucynta ER 100 mg to 12 hours and Nucynta 50 mg one daily was started in addition to the ongoing medications enumerated. In December 5, 2014 progress note, the treating provider continued all of the aforementioned medications. The injured worker had a VAS pain score of 6-7/10 with medications and 8/10 without medications. In a January 12th 2015 progress note, there was no change in symptoms and no change in the pain score. In a progress note dated March 13, 2015 (request for authorization date March 13, 2015), the injured worker was started on MS Contin 30 mg #60 and Morphine sulfate IR #60, over and above, ongoing Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin, Nucynta ER 100 mg to 12 hours and Nucynta 50 mg. The documentation does not contain evidence of objective functional improvement with multiple opiates prescribed by the treating provider. Additionally, there is no subjective improvement with persistently elevated VAS pain scores despite ongoing Norco 10/325, Nucynta ER 100mg, Nucynta 50mg, The treating provider, according to a March 13, 2015 progress note, wants to add MS Contin 30 mg and MS IR to the drug regimen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement ongoing opiate use. There are no urine drug toxicology screens in the medical record. There are no pain contracts in the medical record. Consequently, absent compelling

clinical documentation with evidence of objective functional improvement to support prescribing MS Contin 30 mg, risk assessments, detail pain assessments, and attempt to wean opiates, prior urine drug screens and a pain contract, MS Contin 30mg #60 is not medically necessary.

MSIR 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate IR 15 mg #60 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 by the 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 lumbar spine musculoligamentous sprain and strain and bilateral lower extremity radiculitis with L4 - L5 and L5 - S1 fusion cages; thoracic musculoligamentous sprain/strain; psychiatric and sleep complaints, deferred; abdominal/internal medicine complaints, deferred; and sexual dysfunction, deferred. The documentation according to a September 30, 2014 progress note subjectively shows the injured worker had a VAS pain score 5/10 with medications and 9/10 without medications. Medications provided four hours of release and included Butrans 20 g, Lunesta 3 mg, Neurontin, trazodone and Cialis. Norco 10/325 mg was started. In a progress note dated November 7, 2014, there were no pain scales in the documentation. The treating provider continued Butrans 20 g, Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin. Nucynta ER 100 mg to 12 hours and Nucynta 50 mg one daily was started in addition to the ongoing medications enumerated. In December 5, 2014 progress note, the treating provider continued all of the aforementioned medications. The injured worker had a VAS pain score of 6-7/10 with medications and 8/10 without medications. In a January 12th 2015 progress note, there was no change in symptoms and no change in the pain score. In a progress note dated March 13, 2015 (request for authorization date March 13, 2015), the injured worker was started on MS Contin 30 mg #60 and Morphine sulfate IR #60, over and above, ongoing Norco 10/325 mg, trazodone, Prozac, Cialis, Cymbalta and Neurontin, Nucynta ER 100 mg to 12 hours and Nucynta 50 mg. The documentation does not contain evidence of objective functional improvement with multiple opiates prescribed by the treating provider. Additionally, there is no subjective improvement with persistently elevated VAS pain scores despite ongoing Norco 10/325, Nucynta ER 100mg, Nucynta 50mg, The treating provider, according to a March 13, 2015 progress note, wants to add MS Contin 30 mg and MS IR to the drug regimen. There are no risk assessments in the medical

record. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement ongoing opiate use. There are no urine drug toxicology screens in the medical record. There are no pain contracts in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Morphine sulfate IR 15 mg, risk assessments, detail pain assessments, and attempt to wean opiates, prior urine drug screens and a pain contract, Morphine sulfate IR 15mg #60 is not medically necessary.