

Case Number:	CM15-0066009		
Date Assigned:	04/13/2015	Date of Injury:	09/18/2002
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 09/18/2002. He has reported injury to the right knee and back. The diagnoses have included bilateral knee pain; right knee osteoarthritis, status post right total knee arthroscopy; thoracic strain; and lumbar strain. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco, Neurontin, Morphine Sulfate, and Cymbalta. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating down the left leg; lower backache; bilateral feet pain; pain is rated at 2/10 on the visual analog scale with medications, and 8/10 without medications. Objective findings included tenderness to palpation of the paravertebral muscles, tight muscle bands are noted to the thoracic and lumbar spine; and limited lumbar range of motion. The treatment plan has included the request for Norco 10/325 mg #90; and for Morphine Sulfate ER 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/18/12 and presents with back pain radiating from the lower back down to the left leg, low back pain, and bilateral feet pain. The request is for NORCO 10/325 MG #90. There is no RFA provided and the patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 03/10/15 report states that the patient rates his pain as a 2/10 with medications and an 8/10 without medications. "No new problems or side-effects. He states that medications are working well. 01/23/14 CURES consistent. There is no past evidence of aberrant behavior. 04/04/13 urine toxicology. The patient currently has adequate and appropriate analgesic medications with functional benefit and improved quality of life. The patient has improved capability for ADL including self-care and household tasks with the medications." In this case, the treater does provide a before-and-after medication usage to document analgesia and provides a discussion regarding adverse behaviors/side effects. However, there are no specific examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. The patient had a urine drug screen conducted on 07/10/14 which revealed that he was consistent with his prescribed medications. There is no documentation of any pain contract the patient may have on file nor are there any outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Morphine sulfate ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/18/12 and presents with back pain radiating from the lower back down to the left leg, low back pain, and bilateral feet pain. The request is for MORPHINE SULFATE ER 10 MG #60. There is no RFA provided and the patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for

use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 03/10/15 report states that the patient rates his pain as a 2/10 with medications and an 8/10 without medications. "No new problems or side-effects. He states that medications are working well. 01/23/14 CURES consistent. There is no past evidence of aberrant behavior. 04/04/13 urine toxicology. The patient currently has adequate and appropriate analgesic medications with functional benefit and improved quality of life. The patient has improved capability for ADL including self-care and household tasks with the medications." In this case, the treater does provide a before-and-after medication usage to document analgesia and provides a discussion regarding adverse behaviors/side effects. However, there are no specific examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. The patient had a urine drug screen conducted on 07/10/14 which revealed that he was consistent with his prescribed medications. There is no documentation of any pain contract the patient may have on file nor are there any outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Morphine Sulfate IS NOT medically necessary.