

Case Number:	CM15-0068359		
Date Assigned:	04/16/2015	Date of Injury:	02/20/2001
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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 65 year old female, who sustained an industrial injury on 02/20/2001. She has reported injury to the low back. The diagnoses have included lumbar degenerative joint disease; low back pain and left radicular symptoms; and status post spinal fusion from L4-S1 with laminectomy. Treatment to date has included medications, diagnostics, physical therapy, water therapy, and surgical intervention. Medications have included Norco, Ibuprofen, Flexeril, and MS Contin. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant back pain that radiates down her right leg; weakness and stabbing sensation in the leg with severe cramps; medications provide 50% reduction in pain and 50% functional improvement with activities of daily living; and pain is rated 4/10 on the visual analog scale with medications, and 10/10 without medications. Objective findings included palpable spasms in the lumbar trunk; decreased lumbar spine range of motion; and sensory loss to light touch and pinprick in the left lateral calf and bottom of her foot. The treatment plan has included the request for MS (morphine sulfate) Contin 30 mg, #90; and Norco 10/325 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR; Opioids, criteria for use.

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 02/20/2001 and presents with constant back pain which radiates down her legs. The request is for Morphine Sulfate Contin 30 mg #90. The RFA is dated 02/26/2015 and the patient's work status is not provided. The patient has been taking this medication as early as 10/02/2014. 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 to work, and duration of pain relief. The 10/02/2014 reports states that the patient "reports 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She rates her pain as a 9/10 today, at best a 4/10 with her medications, a 10/10 without them". The 11/25/2014, 12/23/2014, and 01/22/2015 reports state that the patient rates her pain as a 4/10 with her medications and a 10/10 without medications. "She is under a narcotic contract with our office. Urine drug screens have been appropriate. Although, the treater provides before-and-after medication pain scales, not all 4 A's are addressed as required by MTUS Guidelines. There is no discussion regarding any side effects/aberrant behavior the patient may have. There are no specific examples of ADLs which demonstrated medication efficacy, no validated instruments are used either. The patient does have a pain contract on file and is consistent with her urine drug screen. 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.

Norco 10/325mg, #120: Upheld

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

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 02/20/2001 and presents with constant back pain which radiates down her legs. The request is for Norco 10/325 mg #120. The RFA is dated 02/26/2015 and the patient's work status is not provided. The patient has been taking Norco as early as 03/25/2014. 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 to 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 10/02/2014 reports states that the patient "reports 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She rates her pain as a 9/10 today, at best a 4/10 with her medications, a 10/10 without them". The 11/25/2014, 12/23/2014, and 01/22/2015 reports state that the patient rates her pain as a 4/10 with her medications and a 10/10 without medications. "She is under a narcotic contract with our office. Urine drug screens have been appropriate. Although, the treater provides before-and-after medication pain scales, not all 4 A's are addressed as required by MTUS Guidelines. There is no discussion regarding any side effects/aberrant behavior the patient may have. There are no specific examples of ADLs which demonstrated medication efficacy, no validated instruments are used either. The patient does have a pain contract on file and is consistent with her urine drug screen. 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.