

Case Number:	CM15-0068405		
Date Assigned:	04/16/2015	Date of Injury:	03/09/2007
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
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 62 year old male, who sustained an industrial injury on 3/9/07. The injured worker was diagnosed as having chronic pain syndrome and constipation. Treatment to date has included oral medications including opioids, chiropractic treatments and activity restrictions. Currently, the injured worker complains of constant upper back pain 2-3/10. The injured worker states the Norco is working adequately. Physical exam noted tenderness on palpation over the right posterior shoulder region, less than prior exams. The treatment plan included continuation of oral medications including Norco and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg ER #60 prescribed 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with cervical/ thoracic syondylosis without myelopathy. The request is for MS Contin 15mg ER #60. Per 03/17/15 progress report, the patient is currently taking Aspirin, stool softener, Gabapentin, Lisinopril, Metoprolol tartrat, Desipramine, Norco and MS Contin. The patient has been utilizing MS Contin since at least 08/05/14. The patient underwent urine drug screening on 10/20/14 with consistent results. The patient is retired. MTUS Guidelines pages 88 and 89 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 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. In this case, the treater provides urine drug screening report for opiate monitoring. The treater also discusses the four A's stating, "Analgesia is 5. Activities include read, write music, shopping, and playing with a dog. Adverse effect is constipation. Aberrant behavior is none." Also, "his activities include some light house cleaning, going shopping, keeping fire in the wood stove, playing with his dog. Adverse effect is constipation, but he keeps that under control with a stool softener daily. Aberrant behavior is none." However, the patient presents with a diagnosis of cervical/ thoracic syondylosis without myelopathy. Long-term use of opiate is not supported for this kind of condition per MTUS. Only short-term use is recommended for chronic low back pain, for example. In addition, no validated instruments are used showing functional improvement and no return to work. ADL's mentioned may be possible even without the use of opiates. The request is not medically necessary.

Norco 10/325mg #60 prescribed 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient presents with cervical/ thoracic syondylosis without myelopathy. The request is for Norco 10/325MG #60. Per 03/17/15 progress report, the patient is currently taking Aspirin, stool softener, Gabapentin, Lisinopril, Metoprolol tartrat, Desipramine, Norco and MS Contin. The patient has been utilizing Norco since at least 08/05/14. The patient underwent urine drug screening on 10/20/14 with consistent results. The patient is retired. MTUS Guidelines pages 88 and 89 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 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 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, the treater provides urine drug screening report for opiate monitoring. The treater also discusses the four A's stating, "Analgesia is 5. Activities include read, write music, shopping, and playing with a dog. Adverse effect is constipation. Aberrant behavior is none." Also, "his activities include some light house cleaning, going shopping, keeping fire in the wood stove, playing with his dog. Adverse effect is constipation, but he keeps that under control with a stool softner daily. Aberrant behavior is none." However,

the patient presents with a diagnosis of cervical/ thoracic syondylosis without myelopathy. Long-term use of opiate is not supported for this kind of condition per MTUS. Only short-term use is recommended for chronic low back pain, for example. In addition, no validated instruments are used showing functional improvement and no return to work. ADL's mentioned may be possible even without the use of opiates. The request is not medically necessary.