

Case Number:	CM15-0079477		
Date Assigned:	04/30/2015	Date of Injury:	09/08/2003
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old male sustained an industrial injury on 9/8/03. He subsequently reported knee and back pain. Diagnoses include lumbar radiculopathy, spinal and lumbar DDD and lumbar disc disorder. Treatments to date include MRI testing, surgery, therapy, injections and prescription pain medications. The injured worker continues to experience bilateral knee and low back pain. Upon examination, restricted lumbar range of motion was noted. A request for MS Contin and Norco medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for lumbar root pain. Opioids are not 1st line for mechanical or compressive etiologies. In addition, the claimant had been prescribed 60 mg - 4 times daily which exceeds the daily limit of 120 mg of Morphine. The claimant has been on high dose opioids for years including Norco and Methadone. The continued use of high dose MS Contin is not medically necessary.

1 prescription of Norco 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for years in combination with other opioids. In addition, the claimant had been prescribed 60 mg - 4 times daily which exceeds the daily limit of 120 mg of Morphine. The continued use of Norco in combination with MS Contin is not medically necessary.