

Case Number:	CM15-0085807		
Date Assigned:	05/08/2015	Date of Injury:	09/07/2009
Decision Date:	11/05/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational 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 is a 46 year old female, who sustained an industrial injury on 9-7-09. The injured worker was diagnosed as having lumbar facet arthropathy; bilateral lumbar facet joint pain L4-L5, L5-S1; chronic low back pain; chronic neck pain; cervical facet joint pain; cervical facet arthropathy; left shoulder pain; depression. Treatment to date has included acupuncture; physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 4-15-15 indicated the injured worker complains of bilateral low back pain and bilateral neck pain. The provider documents "The patient's UDS (date of service 12-26-14) was denied on 3/25/15 in review; the patients MS Contin 15mg #60 was modified (3-24-15) in review and MS Contin 15mg #15 was denied 3-25-15 in review though this was never prescribed to the patient. The patient's MS Contin is being reviewed by IMR. The patient's Norco, Neurotin and fluoroscopically-guided diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block were authorized on 3-23-15. The patient's last dose of Norco, MS Contin, and Neurotin were on 4-14-15." The injured worker reports exacerbating factors for her pain as: prolonged sitting, standing, lifting, twisting, driving, any activities, lying down, and coughing, sneezing, bearing down. Mitigating factors are listed as: pain medications. The provider lists her current medications as: Wellbutrin 150mg BID and Albuterol. The provider documents this physical examination: "Tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Cervical and lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Cervical extension was worse than cervical flexion. Lumbar discogenic provocative maneuvers, including pelvic rock were positive bilaterally.

Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus and Hoffmann's signs are absent bilaterally. Muscle strength is 5 out of 5 in all limbs. The remainder of the examination is unchanged from the previous visit." The provider's treatment plan included a request for the patient's MS Contin and Norco. She will have a follow-up visit after her medial branch block to reassess her clinical progress. Submitted medical documentation indicates in the past treatment, the injured worker was scheduled for an EMG-NCS on 2-19-13 and did not present for the test. She was recommended and authorized for a MRI scanning and noted she was claustrophobic and it was not completed. The provider noted she would need a seated MRI scan (PR-2 7-3-12). At that time her prescriptions were for: diclofenac ER 100mg #30, Flexeril 7.5mg #60, Prilosec 20mg #60, Ultracet #60, Dendracin lotion, Vicodin 5-500mg #120. She was evaluated by a neurosurgeon on 12-26-14 and he recommended facet injections at L4-S1 and renewed her medications. She has not yet followed up to have those blocks scheduled. She wanted aqua therapy. She was inconsistent in coming to her appointments but did present when she needed medication refills. On 10-22-12, the provider changed her prescribed medications to include MS Contin 50mg once daily with Vicodin from 120 decreased to 90 a month to try a long-acting pain medication. There were no pain scores documented on this note but the rest of the prescribed medications remained the same. An Agreed Medical Examination (AME) was completed on 11-13-12. The recommendation on this examination states "I recommend a provision for the patient to seek out medical attention for flare-ups or exacerbations. I strongly recommend that she be weaned off all narcotic pain medications." A PR-2 note dated 2-25-13, the provider documents "She describes neck pain as constant aching. She rates her pain as 6 out of 10 on the pain scale. Low back pain is constant pain as well which is sharp in nature. The pain is rated as 9 out of 10. Pain also radiates down to bilateral legs but mainly in the right leg along with numbness sensation." The provider notes her prescribed medications include MS Contin 50mg #60 and Vicodin 5mg #120 for pain. A Request for Authorization is dated 5-5-15. A Utilization Review letter is dated 4-30-15 and non-certified MS Contin 15 mg #60. A Utilization Review letter is dated 4-30-15 modified the certification for Norco 10/325 mg #90 to a quantity of #68 "for weaning purposes only." A request for authorization has been received for Norco 10/325 mg #90 and MS Contin 15 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-

compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking opioids for an extended period and there are conflicting reports of efficacy. It does not appear that the long-term use of opioids is controlling the injured workers pain or increasing her level of function. In one periodic report, the treating physician stated that, in his opinion, the injured worker should be weaned off of all opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #90 is determined to not be medically necessary.

MS Contin 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking opioids for an extended period and there are conflicting reports of efficacy. It does not appear that the long-term use of opioids is controlling the injured workers pain or increasing her level of function. In one periodic report, the treating physician stated that, in his opinion, the injured worker should be weaned off of all opioids. This particular medication has been approved in previous reviews for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 15 mg #60 is determined to not be medically necessary.