MAXIMUS Federal Services

Case Number:	CM15-0094023		
Date Assigned:	05/20/2015	Date of Injury:	05/03/1995
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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 69 year old female, who sustained an industrial/work injury on 5/3/95. She reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having post lumbar laminectomy syndrome, post cervical laminectomy syndrome, and cervical spondylosis. Treatment to date has included medication, surgery, and diagnostics. Cervical MRI results were reported on 1/17/12 that reported limited evaluation of the neural foramen due to the surgical technique and the magnetic susceptibility artifact that has resulted, no central stenosis, spinal cord is normal, minimal(3-4 mm) C2-3 and T1-2 through T4-5 disc bulge, minimal left T3-4 foraminal narrowing is present. Currently, the injured worker complains of neck and lower back pain with mediation at 2/10 and 7/10 without. Sleep pattern has improved (7 hours). Per the primary physician's progress report (PR-2) on 4/30/15, examination revealed a surgical scar to the cervical region, restricted movement with flexion to 35 degrees and extension to 5 degrees, lateral bend bilaterally limited to 30 degrees, Spurling test causes radicular symptoms down right upper extremity to the elbow, paracervical muscle tenderness, motor limited by pain, sensation is patchy in distribution. Current plan of care included refill on medication for pain management. The requested treatments include MS Contin 60 mg, MS Contin 30 mg, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81, 124.

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 on 04/30/15 with neck and lower back pain, rated 2/10 with medications, 7/10 without medications. The patient's date of injury is 05/03/95. Patient is status post lumbar and cervical laminectomy at unspecified levels and dates. The request is for MS CONTIN 60MG. The RFA is dated 04/30/15. Physical examination dated 04/30/15 reveals tenderness to palpation of the cervical paraspinal muscles, a well-healed surgical scar (exact location unspecified), and reduced cervical range of motion especially on extension. Provider notes positive Spurling's maneuver, which produced radicular pain into the right upper extremity. The patient is currently prescribed Imitrex, Flexeril, and MS Contin 30 MG, MS Contin 60MG, Norco, and Risperidone. Diagnostic imaging included cervical MRI dated 01/17/12, significant findings include: "There are degenerative changes of the C2-3, T1-2 and upper thoracic spine and intervertebral disc spaces with areas of disc bulge. A 3 to 4 mm left inferior T3-4 foraminal disc bulge or herniation is present." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -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 regard to the continuation of MS Contin 60MG for the management of this patient's intractable neck and lower back pain, the request is appropriate. Progress report dated 04/30/15 documents a reduction in pain from 7/10 to 2/10 attributed to narcotic medications. Addressing function, the same note states: "She reports improvement in cervical ROM and stiffness... she can continue functioning at her baseline and maintain her ADLs such as household work and a walk with her dog. Without this medication she would be inactive and dependent on others for help in the home." The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the recent toxicology reports were not provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS, continuation of this medication is appropriate. The request IS medically necessary.

MS Contin 30mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Opioids Page(s): 88-89, 76-78,86.

Decision rationale: The patient presents on 04/30/15 with neck and lower back pain, rated 2/10 with medications, 7/10 without medications. The patient's date of injury is 05/03/95. Patient is status post lumbar and cervical laminectomy at unspecified levels and dates. The request is for MS CONTIN 30MG. The RFA is dated 04/30/15. Physical examination dated 04/30/15 reveals tenderness to palpation of the cervical paraspinal muscles, a well-healed surgical scar (exact location unspecified), and reduced cervical range of motion especially on extension. Provider notes positive Spurling's maneuver which produced radicular pain into the right upper extremity. The patient is currently prescribed Imitrex, Flexeril, and MS Contin 30 MG, MS Contin 60MG, Norco, and Risperidone. Diagnostic imaging included cervical MRI dated 01/17/12, significant findings include: "There are degenerative changes of the C2-3, T1-2 and upper thoracic spine and intervertebral disc spaces with areas of disc bulge. A 3 to 4 mm left inferior T3-4 foraminal disc bulge or herniation is present." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -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 Guidelines page 86 has the following under Opioids, dosing: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." In regard to the continuation of MS CONTIN 30MG for the management of this patient's intractable neck and lower back pain, the provider has specified an excessive opiate dosing schedule. This patient is prescribed 60MG MS Contin to be administered 2 times per day, MS Contin 30MG to be administered at bedtime, and Norco to be used as needed for breakthrough pain. The MED value for MS Contin is 1MED/mg. The requested medication dosing, two 60MG tablets of MS Contin per day (120MED), in addition to one 30MG tablet at bedtime (30MED) calculates to a total MED dosing of 150MED/day, exceeding guidelines even without the addition Norco every 4-6 hours as needed. Without a discussion of special circumstances or other factors (such as cancer or other organic causes of chronic pain) which would require such an excessive opiate dosing schedule, the medical necessity of the request as written cannot be substantiated. The request IS NOT medically necessary.

Norco 10/325mg Qty 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79,80,81,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines crpteria for use of opioids, Opioids Page(s): 88-89, 76-78,86.

Decision rationale: The patient presents on 04/30/15 with neck and lower back pain, rated 2/10 with medications, 7/10 without medications. The patient's date of injury is 05/03/95. Patient is status post lumbar and cervical laminectomy at unspecified levels and dates. The request is for NORCO 10/325MG. The RFA is dated 04/30/15. Physical examination dated 04/30/15 reveals tenderness to palpation of the cervical paraspinal muscles, a well-healed surgical scar (exact location unspecified), and reduced cervical range of motion especially on extension. Provider notes positive Spurling's maneuver which produced radicular pain into the right upper extremity. The patient is currently prescribed Imitrex, Flexeril, and MS Contin 30 MG, MS Contin 60MG, Norco, and Risperidone. Diagnostic imaging included cervical MRI dated 01/17/12, significant findings include: "There are degenerative changes of the C2-3, T1-2 and upper thoracic spine and intervertebral disc spaces with areas of disc bulge. A 3 to 4 mm left inferior T3-4 foraminal disc bulge or herniation is present." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -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 Guidelines page 86 has the following under Opioids, dosing: "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." In regard to the continuation of Norco for the management of this patient's intractable neck and lower back pain, the provider has specified an excessive opiate dosing schedule. This patient is prescribed 60MG MS Contin to be administered 2 times per day, MS Contin 30MG to be administered at bedtime, and Norco to be used as needed for breakthrough pain. The MED value for MS Contin is 1MED/mg. The requested medication dosing, two 60MG tablets of MS Contin per day (120MED) , in addition to one 30MG tablet at bedtime (30MED) calculates to a total MED dosing of 150MED/day, exceeding guidelines even without the addition Norco every 4-6 hours as needed. Without a discussion of special circumstances or other factors (such as cancer or other organic causes of chronic pain) which would require such an excessive opiate dosing schedule, the medical necessity of the request as written cannot be substantiated. The request IS NOT medically necessary.