

Case Number:	CM13-0013529		
Date Assigned:	09/25/2013	Date of Injury:	08/31/2006
Decision Date:	02/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male was injured on 8/31/06. The mechanism of injury was while picking up a can, when he was struck by multiple other cans. He was diagnosed with displacement of a cervical intervertebral disc without myelopathy, post laminectomy syndrome of the lumbar region, cervicgia and lumbago. He is s/p cervical fusion in 2007. The claimant underwent a redo L3 to L5 decompressive laminectomy and L3 to L5 posterolateral fusion with auto graft on 4/23/13. The records reflected that the claimant used morphine sulfate, Trazodone, Triazolam and Diazepam. Patient is noted to be decreased on his dosages of MS Contin medications but physician requested to add Dilaudid. There was discussion by his physician to adjust his Valium and taper his sleep meds. IMAGING Studies: An MRI dated 7/9/2012 shows a large left herniated nucleus pulposus at L3-L4 with superior migration. L4-L5 has severe degenerative disk disease. He is status post right L3-L4, and L4-L5 laminectomy with scar. A CT myelogram dated 10/15/12 shows the previous, right L3-L4 and L4-L5, laminotomies. There is a large soft tissue mass the left 'at L3--L4 with superior migration causing some stenosis and, nerve compression. There is severe degenerative disk disease at L3-L4 and L4-L5. There is some bone osteophytes at L4-L5. 7/25/13 Office note from [REDACTED]: EXAM: Pt is 3 months post op. His current reported VAS score is 7/10, He is alert and oriented x3. He has no pelvic tilt. He walks favoring neither leg with walker. He is able to extend at the lumbar spine. His reflexes are 1+ at the knee and 0/4 at ankles bilaterally. CURRENT MEDICATIONS: Valium 10 mg 3 per day, MS Contin 60 mg per day, Immediate Release Morphine sulfate per day, Triazolam 0.25 mg BID, Dilaudid 4 mg 1 per day, Trazodone 100 mg 1 per day, Cymbalta 60 mg 1 per day, and Nexium 40 mg BID. PLAN: I will refill his medications and see him back in thirty days. The issue addressed in this review is whether Morphine sulphate, 15mg,

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulphate, 15mg, 1 tablet by mouth every 4 to 6 hours as needed for breakthrough pain, max of 3 doses per day, 90 count for 15 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 12, 75, 78-80, and 91..

Decision rationale: The Physician Reviewer's decision rationale: Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore Morphine sulfate is not medically necessary. The Chronic Pain Medical Treatment Guidelines state, "When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances 7) When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain." The request for Morphine sulphate, 15mg, 1 tablet by mouth every 4 to 6 hours as needed for breakthrough pain, max of 3 doses/day, 90 count for 15 days, is not medically necessary.

Triazolam 0.25mg, 1 to 2 tablets by mouth at bedtime as needed to aid with sleep, max dose 2 tabs per day, 60 count for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Benzodiazepines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: Triazolam 0.25mg, 1 to 2 tablets by mouth at bedtime as needed to aid with sleep, max dose 2 tabs per day #60/30 day is not medically necessary according to Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines also stat that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Additionally, per documentation patient is on Valium and Triazolam which are both benzodiazepines. Furthermore, he is already approved for Cymbalta which is an antidepressant .

The request for Triazolam 0.25mg, 1 to 2 tablets by mouth at bedtime as needed to aid with sleep, max dose 2 tabs per day, 60 count for 30 days, is not medically necessary.