

Case Number:	CM13-0015128		
Date Assigned:	10/04/2013	Date of Injury:	09/13/1999
Decision Date:	01/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/21/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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.

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 patient is a 51-year-old female, who sustained an Injury secondary to an unspecified mechanism on 9/13/99. She is currently diagnosed with post-laminectomy syndrome of the lumbar spine and lumbar radiculopathy, status post spinal cord stimulator and Intrathecal pump Implantation. An appeal request was made for opioid therapy (once a week for six weeks) for pain management. The previous request was non-certified because It was not Indicated why opiate therapy would be necessary on top of the patient's oral and Intrathecal pump medications, and because response to medications other than pain relief was not described. The 5/17/13 Intrathecal pump report and session data report, as well as duplicate indicated that the patient had a longstanding injury, and has a history that is significant for a prior lumbar laminectomy. She had also previously undergone spinal cord stimulator Implantation and intrathecal pump implantation on unspecified dates. On 5/17/13, the patient returned for follow up to request for a refill of her intrathecal pump. She reported that her pain was at 8/10 without medication, and at 3-6/10 with medication. She denied alcohol abuse or illicit drug use. The physical examination showed unremarkable systemic findings. Findings in the lumbar spine were not reported. The patient's Intrathecal pump was interrogated in the usual manner during that visit. No alarms were noted, and the residual volume correlated with the actual aspirated volume. The patient was on morphine 10 mg/mL, bupivacaine 4mg/mL, and clonidine 50mcg/mL (0 percent daily dose unchanged). She was kept on morphine 5.325 meg/day. A random urine drug screen was performed to monitor for opioid dependence. Percocet 10/325mg, Ambien 10mg, and Zanaflex 4mg were refilled. Opioid therapy was requested "to further help the patient with her pain control." It is still unclear from the records why additional opioid therapy Is necessary on top of the patient's oral medications (which Include Pe

IMR ISSUES, DECISIONS AND RATIONALES

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

Opioid therapy once a week for six (6) weeks for pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Low Back Complaints, and the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that there should be ongoing review and documentation of pain relief, functional status, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The patient's pain was reported to be improving with her current treatment regimen, which includes oral opioids (Percocet). There was no documentation of persistent functional limitations, adverse drug reactions, or other pertinent clinical circumstances which would warrant additional opioid therapy.