

<b>Case Number:</b>	CM13-0021952		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Anesthesiology, and is licensed to practice in Florida. 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:

The patient is a 60-year-old male who reported an injury on 12/04/1997. The patient is currently diagnosed with cervical thoracic arthrodesis, thoracolumbar arthrodesis, nonunion at L5-S1, loose instrumentation at S1, flat back syndrome, sacroiliac joint dysfunction, and increasing kyphosis of the upper thoracic spine. The patient was recently seen by [REDACTED] on 11/07/2013. The patient complained of 9/10 back pain, 8/10 leg pain, and 9/10 neck pain with 5/10 arm pain. Physical examination revealed severe thoracic kyphosis in the upper part of the spine, rigid thoracolumbar spine secondary to arthrodesis, markedly limited cervical range of motion as well as severely limited lumbar range of motion. Treatment recommendations included continuation of current medications and an authorization request for Botox injections

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR (MSIR) 30mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Guidelines suggest that baseline pain should be measured and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain, and continues to demonstrate markedly limited cervical and lumbar range of motion. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. Therefore, continuation of this medication cannot be determined as medically appropriate. The request for MSIR 30mg #240 is not medically necessary and appropriate.

**Oxycodone IR 30mg #441:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Guidelines suggest that baseline pain should be measured and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain, and continues to demonstrate markedly limited cervical and lumbar range of motion. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. Therefore, continuation of this medication cannot be determined as medically appropriate. The request for Oxycodone IR 30mg #441 is not medically necessary and appropriate.

**Hydromorphone 08mg #54:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Guidelines suggest that baseline pain should be measured and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain, and continues to demonstrate markedly limited cervical and lumbar range of motion. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or overall improved quality of life. Therefore, continuation of this medication cannot be determined as medically appropriate. The request for Hydromorphone 08mg #54 is not medically necessary and appropriate.