

Case Number:	CM13-0025494		
Date Assigned:	11/20/2013	Date of Injury:	02/23/1993
Decision Date:	02/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 55 year old injured worker with low back injury in 1993. The patient has subsequently received seven back surgeries and has a diagnosis of failed back syndrome. Current medications include MS Contin, Norco, Soma, Cymbalta, Prilosec. Review of medical records indicates ongoing constant pain with increasing pain and intermittent radiation to legs and legs "giving out" since 2012. Physical exam findings include tenderness of the lower back and left lower abdomen, positive left straight leg raise, and dysesthesias in bilateral legs. MRI evaluation on 10/23/2012 showed status post discectomy and spinal fusion at L5-S1, with central stenosis, and bilateral severe foraminal narrowing. Medical records from more recent visits in 6/13 reveal no significant change in the patient's status. A PA review in 7/13 recommended that an attempt be made to wean the patient down on their narcotic medications, and possibly substituting Methadone therapy. The requesting prescription is for continuation of Norco 10/325mg, and MS Contin 200mg, which the patient has been on for quite some time. The utilization denial questioned the lack of documentation, evidence of efficacy, and previous attempts to wean medications. The initial denial was subsequently modified to allow a lesser quantity of medication in the attempt to reduce the patient's dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 10mg-325, quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The patient in question has been on chronic opioid therapy for quite some time (exact amount of time is unclear with documentation provided). The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Recommendations also include multidisciplinary consultation if opioid therapy is required for longer than 3 months. Lack of requested documentation detailing decision to continue opioid therapy was not received by the Claims Administrator. Without clear evidence for continuing therapy or plan for alternative therapy or medication weaning the request cannot be supported. The request for Norco 5/325mg is not medically necessary and appropriate.

Morphine Sulfate ER 200mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The patient in question has been on chronic opioid therapy for quite some time (exact amount of time is unclear with documentation provided). The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious, it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Recommendations also include multidisciplinary consultation if opioid therapy is required for longer than 3 months. Lack of requested documentation by the Claims Administrator detailing decision to continue opioid therapy was not received. Without clear evidence for continuing therapy or plan for alternative therapy or medication weaning, the request cannot be supported. The request for Morphine Sulfate ER 200mg is not medically necessary and appropriate.