

Case Number:	CM13-0029328		
Date Assigned:	11/01/2013	Date of Injury:	02/01/1996
Decision Date:	01/08/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in California. 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 62-year-old female who reported an injury on 02/01/1996. It is noted the patient reportedly sustained a low back injury when she was assisting a patient into the shower from the wheelchair and the patient fell on top of her. Her symptoms include back pain with radicular symptoms bilaterally, left greater than right, as well as pain of the coccyx and status post left sacroiliac joint fusion. It was noted the patient had a spinal cord stimulator placed back in 2005, but it only gives her about 30% to 40% benefit at best. It was noted the patient has been requiring higher doses of her oral analgesic medications which do provide some relief for her low back pain, but will often cause daytime somnolence. It was noted she was currently taking MS-Contin 60 mg twice a day, as well as Norco for breakthrough pain, which she takes 7 tablets a day. Objective findings included an antalgic gait favoring the left lower extremity, she was noted to have difficulty getting around the room, her posture is slightly hunched over and she appeared in pain, tenderness to palpation along the posterior cervical musculature, tenderness to palpation along the lumbar musculature, and significant limitation of range of motion of the lumbar spine bilaterally. Additionally, straight leg raise testing was noted to be positive bilaterally for the patient at about 45 degrees. The patient's medications were noted to be MS-Contin 60 mg twice a day, Norco 10/325 mg 6 tablets a day, Restoril 15 mg 1 tablet to 2 tablets at bedtime, Neurontin 600 mg 3 tablets to 4 tablets a day, Fexmid 7.5 mg twice a day, Prilosec 20 mg twice a day, Effexor XR 75 mg daily, Dendracin topical analgesic cream, Lidoderm 5% patches 1 to 2 patches daily, and medical marijuana. The patient was noted to continue to have ongoing and debilitating pain in her lower back radiating down to her left leg. It was also noted she suffered from lumbar post-laminectomy syndrome, as well as left sacroilia

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: 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 Opioids.

Decision rationale: California MTUS Guidelines state opioids appear to be effective for chronic back pain. For use of opioids for chronic pain, it is now suggested by guidelines that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Guidelines further state measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The patient has been shown to have chronic back pain for which opioids would be indicated; however, the documentation of outcome measures as required by guidelines is not shown in the patient's documentation at this time.

Norco 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: California MTUS Guidelines state opioids appear to be effective for chronic back pain. For use of opioids for chronic pain, it is now suggested by guidelines that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Guidelines further state measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The patient has been shown to have chronic back pain for which opioids would be indicated; however, the documentation of outcome measures as required by guidelines is not shown in the patient's documentation at this time.

Mediflex: 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.

Decision rationale: The patient's diagnoses were noted to include status post L3-4, L4-5, and L5-S1 anterior posterior fusion with subsequent removal of hardware in 2004, status post left sacroiliac joint fusion, status post spinal cord stimulation, status post spinal cord field stimulation unit with revision, coccydynia, reactionary depression/anxiety, medication-induced gastritis, hypertension industrially related, and left hip myoligamentous injury. California MTUS Guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The use of glucosamine is not recommended for any other conditions at this time according to California MTUS Guidelines. As the patient is not noted to have a diagnosis of arthritis pain, the requested medication is not supported by guidelines.