

Case Number:	CM13-0033816		
Date Assigned:	12/06/2013	Date of Injury:	01/22/2002
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational Medicine, 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, back pain, and posttraumatic headaches reportedly associated with an industrial injury of January 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a lumbar support; prior lumbar laminectomy surgery; and extensive periods of time off of work, on total temporary disability. In a September 27, 2013 utilization review report, the claims administrator reportedly denied request for morphine, Soma, and Norco. The applicant's attorney subsequently appealed. A later note of November 4, 2013 is sparse, handwritten, illegible, difficult to follow, notable for ongoing complaints of low back pain with associated spasm and limited range of motion appreciated. The applicant is placed off of work "permanently." An earlier note of July 31, 2013 is reviewed and notable for comments that the applicant reports 8/10 pain about the neck radiating to the arms. The applicant states that his medications result in diminution of pain. He is on Remeron, morphine, Norco, Elavil, Soma, Diovan, Spiriva, Synthroid, Klonopin, Nexium, albuterol, Advair, and Singulair. He is depressed. His BMI is 25. He is asked to pursue a cervical spinal fusion surgery. An earlier note of October 23, 2012 is notable for comments that the applicant has severe pain about multiple areas, including low back. He is depressed. He is having difficulty travelling for lengthy amounts of time. He does not want to travel to different facilities to obtain medical care, he states.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 100mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant does not seemingly meet the aforementioned criteria. His pain and pain complaints appear to be heightened as opposed to reduced, despite ongoing opioid usage. He has failed to return to work and has apparently been deemed "permanently" disabled, per the attending provider. There is no evidence that the applicant has effected any improvement in terms of non-work activities of daily living. Rather, he is seemingly having difficulty performing day-to-day tasks, including driving, travel, self-care, etc. despite ongoing opioid usage. For all of these reasons, then, the request for extended-release morphine is not certified.

Carisoprodol 350mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with other medications. In this case, the applicant is in fact using numerous opioid and non-opioid analgesics. Adding carisoprodol or Soma to the mix is not recommended, particularly in light of the fact that the applicant has not effected any functional improvement as defined by the parameters established in MTUS 9792.20f through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, is now contemplating further surgical treatment in the form of a cervical fusion surgery, and is using several opioid analgesics, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Accordingly, the request remains non-certified, on independent medical review.

Hydroco/APAP 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As with the extended release morphine, the applicant does not meet the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has not returned to work. There is no evidence of improved functioning as a result of ongoing opioid usage. There is no evidence of significant reduction in pain scores achieved as a result of ongoing opioid usage. Continuing Norco or hydrocodone in this context is not, on balance, indicated. Accordingly, the request is not certified.