

Case Number:	CM13-0044619		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2007
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesia, has a subspecialty in Pain Medicine 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 58-year-old female who reported an injury on 01/01/2007. The mechanism of injury was not provided. The patient was noted to undergo a C5 to C7 anterior cervical discectomy and fusion. The patient was noted to have undergone facet blocks, massage, and acupuncture as well as was noted to be taking medications for the pain. The patient's diagnoses were noted to be multilevel cervical disc degenerative disc disease with spondylolisthesis and facet arthrosis at C3-4 and C4-5, congenital fusion at C2-3, severe disc degeneration at C7-T1 and status post C5 to C7 anterior cervical discectomy and fusion with possible delayed union. The request was made for medication refills as well as massage therapy and acupuncture, as well as a random urine drug screen. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 120 prescription for Morphine ER 15 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine,Ongoing Management Page(s): 75,78.

Decision rationale: California MTUS recommend Morphine ER for patients with chronic pain who need continuous treatment for pain. It further indicates that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated that the patient's morphine affected the patient's memory; the patient's morphine equivalent dose was noted to be 100, which was below the 120 recommended limits for oral morphine equivalents. The patient indicated they had functional improvement and an improvement in pain with the current medications. The patient was noted to show no evidence of drug seeking behavior and was noted to be utilizing medications appropriately and to have signed an opioid agreement. However, the clinical documentation failed to provide the patient's objective analgesia and objective documentation of the patient's ability to perform activities of daily living. Given the above, the request for 120 prescription for Morphine ER 15 mg #120 between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 120 prescriptions for Neurontin 800mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was a lack of documentation of the objective functional efficacy of the requested medication. Given the above, the request for 120 prescriptions for Neurontin 800mg #120 between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 240 prescriptions for Robazin 750 mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 64.

Decision rationale: California MTUS guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. The clinical documentation submitted for review failed to provide the objective efficacy of the requested medication. Additionally, it failed to provide the necessity for 240

tablets of Robaxin. Given the above, the request for 240 prescriptions for Robaxin 750 mg #240 between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 120 prescriptions for Tramadol 50 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82,93,94,113.

Decision rationale: California MTUS states Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient's morphine equivalent dose was noted to be 100, which was below the 120 recommended limit for oral morphine equivalents. The patient indicated they had functional improvement and an improvement in pain with the current medications. The patient was noted to show no evidence of drug seeking behavior and was noted to be utilizing medications appropriately and to have signed an opioid agreement. However, the clinical documentation failed to provide the patient's objective analgesia and objective documentation of the patient's ability to perform activities of daily living. Given the above, the request for 120 prescriptions for Tramadol 50 mg #120 between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 1 extension of 12 neuromuscular massage therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that massage therapy is recommended as an option and it should be used as an adjunct to other recommended treatment including exercises and limited to 4 to 6 visits in most cases. The clinical documentation submitted for review indicated that the patient had 12 prior sessions of massage therapy. However, there was lack of documentation of the patient's objective functional benefit received from the massage therapy. It was noted the patient had improvement with massage and acupuncture. Given the lack of documentation of objective functional improvement, the request for 1 extension of 12 neuromuscular massage therapy sessions between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 16 acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation of the patient's objective functional improvement to the previous 16 acupuncture sessions. Additionally, there was a lack of documentation indicating the necessity for 16 more acupuncture sessions. Given the above, the request for 16 acupuncture sessions between 10/8/2013 and 11/22/2013 is not medically necessary.

Decision for 1 random urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated that the patient was utilizing their medications appropriately, showed no evidence of drug seeking behavior, and had a signed opioid agreement. Given the above, the request for 1 random urine drug screening once per quarter between 10/8/2013 and 11/22/2013 is not medically necessary.