

Case Number:	CM13-0046602		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2009
Decision Date:	03/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pain Management, 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 injury on 11/29/2009. The mechanism of injury was noted to be the patient tripped over a concrete pedestal and fell and hit the ground with her right hand, knee, and left shoulder and face. The patient's diagnoses were noted to include impingement syndrome of the left shoulder and discogenic cervical condition. The patient's medications were noted to include Norco 10/325 mg, morphine sulfate ER 30 mg, Soma 350 mg, Topamax 50 mg, and Protonix 20 mg. The patient indicated she took the medications to be functional. The patient was noted to be working full-time. The request was made for morphine sulfate ER 30 mg every 8 hours #90 for the next visit, Soma 350 mg #90 for the next visit, Norco 10/320 mg #90 for the next visit, Topamax 50 mg twice a day #60 for the next visit, Protonix 20 mg for the next visit, retrospective Soma 350 mg #90, retrospective Topamax 50 mg twice a day #60, retrospective morphine sulfate ER 30 mg every 8 hours #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30 mg every 8 hours, #90 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 60,78.

Decision rationale: The MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior as well as side effects. Clinical documentation submitted for review indicated the employee was taking the medications to be functional and the pain was 8/10 to 10/10 without medications and 7/10 with medications. There was lack of documentation of objective functional increase. There was evidence that the employee was being monitored for aberrant drug behavior. There was lack of documentation indicating the duration the employee had been on the medication. However, given the lack of documentation indicating the objective increase in function, the request for morphine sulfate ER 30 mg every 8 hours #90 for next visit is not medically necessary.

Soma 350 mg, #90 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain and treatment should be less than 3 weeks. There should be documentation of objective functional improvement for ongoing management. Clinical documentation submitted for review indicated the employee had spasms in the back and shoulders often. However, the duration of the medication was not provided. There was a lack of documentation indicating a necessity for long-term therapy for the medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Soma 350 mg #90 for next visit is not medically necessary.

Norco 10/325 mg, #90 for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 60-78.

Decision rationale: The MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior as well as side effects. Clinical documentation submitted for review indicated the employee was taking the medications to be functional and the pain was 8/10 to 10/10 without medications and 7/10 with medications. There was lack of documentation of objective functional increase. There was evidence that the employee was being monitored for aberrant

drug behavior. There was lack of documentation indicating the duration the employee had been on the medication. However, given the lack of documentation indicating the objective increase in function, the request for Norco 10/325 mg #90 for next visit is not medically necessary. Additionally, there was lack of documentation indicating the duration the employee had been on the medication

Topamax 50 mg twice a day, #60 for next: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 16.

Decision rationale: The MTUS Guidelines indicate that antiepileptic drugs are the first-line medication for treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. The employee was noted to have numbness and tingling in both hands and both arms at times. There was a lack of documentation of objective functional improvement with the medication. There was lack of documentation of the duration the employee had been on the medication. Given the above, the request for Topamax 50 mg twice a day #60 for next visit is not medically necessary.

Protonix 20 mg for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The MTUS Guidelines indicate that PPIs are appropriate treatment for dyspepsia. Clinical documentation submitted for review indicated the employee was taking Prilosec for gastritis. However, there was lack of documentation indicating the efficacy of the requested medication. There was lack of documentation indicating the duration the employee has been on the medication. Additionally, according to the submitted request, there was a lack of quantity of medication being requested. Given the above, the request for Protonix 20 mg for next visit is not medically necessary.

Retrospective Soma 350 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain and treatment should be less than 3 weeks. There should be documentation of objective functional improvement for ongoing management. Clinical documentation submitted for review indicated the employee had spasms in the back and shoulders often. The duration of the medication was not provided. There was a lack of documentation indicating a necessity for long-term therapy for the medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for retrospective Soma 350 mg #90 is not medically necessary.

Retrospective Topamax 50 mg twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 16.

Decision rationale: The MTUS Guidelines indicate that antiepileptic drugs are the first-line medication for treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. The employee was noted to have numbness and tingling in both hands and both arms at times. There was a lack of documentation of objective functional improvement with the medication. There was lack of documentation of the duration the employee had been on the medication. Given the above, the request for retrospective Topamax 50 mg twice a day #60 is not medically necessary.

Retrospective Morphine Sulfate ER 30 mg every 8 hours, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 60,78.

Decision rationale: The MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior as well as side effects. Clinical documentation submitted for review indicated the employee was taking the medications to be functional and the pain was 8/10 to 10/10 without medications and 7/10 with medications. There was lack of documentation of objective functional increase. There was evidence that the employee was being monitored for aberrant drug behavior. There was lack of documentation indicating the duration the employee had been on the medication. However, given the lack of documentation indicating the objective increase in function, the request for retrospective morphine sulfate ER 30 mg every 8 hours #90 is not medically necessary. Additionally, there was lack of documentation indicating the duration the employee had been on the medication.

