

Case Number:	CM13-0047195		
Date Assigned:	12/27/2013	Date of Injury:	05/08/2003
Decision Date:	02/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Oklahoma and Texas. 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 female who reported an injury on 05/08/2003. The mechanism of injury was a fall. The patient was diagnosed with chronic pain syndrome, disc displacement with radiculitis, lumbosacral spondylosis without myelopathy, thoracic spondylosis without myelopathy, sacroiliitis not elsewhere classified, and adjustment disorder with mixed anxiety and depressed mood. The patient complained of lower back pain, which is more on the right. She also has burning pain in all of her toes; this is chronic. The patient reported her pain at 8/10. On 07/16/2012, the patient had right-sided diagnostic/therapeutic facet joint injections at L4-5 and L5-S1, which improved the lower back pain by 70% for 2 weeks; thoracic epidural injection at T7-8 on 01/02/2012, which reduced the mid-back pain by approximately 20%; and right L3, L4, L5 medial branch diagnostic blocks on 10/28/2013, which produced 80% pain relief for 3 days. The physical examination of the spine revealed tenderness on the right lumbar facets. The patient had a positive facet loading test. The patient's range of motion was restricted and painful. The patient has been treated with medications, chiropractic, physical therapy, massage therapy, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR #60 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines for Long Term of Chronic Pain. Washington State Guidelines for opioids to IWs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going management Page(s): 78.

Decision rationale: CA MTUS states that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for chronic pain opiate users. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment has not been indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient continued to complain of low back pain. The documentation stated the patient's pain is the same, and the patient's functionality is the same. Given the lack of documentation to support guideline criteria, the request is non-certified.

Morphine Sulfate ER #90 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines for Long Term of Chronic Pain. Washington State Guidelines for opioids to IWs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going management Page(s): 78.

Decision rationale: CA MTUS states that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for chronic pain opiate users. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment has not been indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient continued to complain of low back pain. The documentation stated the patient's pain is the same, and the patient's functionality is the same. Given the lack of documentation to support guideline criteria, the request is non-certified.

Flexeril #60 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines for the treatment of Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

Decision rationale: CA MTUS recommends Flexeril as an option, using a short course of therapy. The guidelines state treatment should be short. Documentation submitted for review

does not indicate that the patient has any symptoms of muscle spasms. The physical examination of the spine indicated that muscle spasms were absent. Also, guidelines recommend the use of Flexeril for short-term use. There is no indication as to how long the patient has been taking Flexeril. Given the lack of documentation to support the guideline criteria, the request is non-certified.