

Case Number:	CM13-0047349		
Date Assigned:	12/27/2013	Date of Injury:	11/25/1997
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
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, has a subspecialty in Interventional Spine 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:

This patient is a 59-year-old female with date of injury of 11/25/1997. The treating physician's report dated 09/19/2013 states that the assessments are: 1. Pain, low back. 2. Fatigue. 3. Hypothyroidism. 4. Migraine, nonspecific without mention of intractable migraine. The treating physician recommends continued current medications "will consider prescribing pain medications after consulting with specialist." Under subjective, this patient presents with multiple other medical conditions such as nausea, headache, low thyroid, are stable complaining of headaches 3/10 in intensity, complaining of neck/back pain presents with low back 7/10 intensity of pain down her legs, complaining of chronic pain reduced on pain medications, breakthrough pain present at times, pain medications allow her to improve function, improve quality of life, has positive side effects, positive sedation but Adderall pills combat this. There is another report by [REDACTED] from 03/20/2013. The patient is presenting with migraines, constipation, rosacea, low thyroid condition are well controlled on her current medications with listed diagnoses of migraine, constipation, rosacea, hypothyroid, and low back pain. Listed medications are: Premarin, clobetasol topical cream, Cloderm cream, Flonase spray, Docusate capsule, Furosemide, Trazodone, Prevacid, Promethazine, MiraLAX, Nortriptyline, Tizanidine, Cipramil tablets, Levothroid tablets, milk of magnesia, nortriptyline. Follow up in 6 months. I also reviewed the same report by [REDACTED] who is a pain management consultant with listed assessment of cervical and lumbar; migraine without mention of intractable; arthritis lumbar; meralgia paresthetica; cervical radiculopathy; medication management. This report indicates that "medications are partially helpful." 12/18/2013 pain management report by [REDACTED]. On this report, the listed medications include MS Contin 60 mg and Vicodin. This report is similar to other reports that indicate the symptoms are alleviated by medications. Under medication

follow-up, the treater states "medications are partially effective and getting progressively less so as her insurance company is insisting that she be weaned out on it." Her pain in the low back is now making her dysfunctional to the point where she cannot do her housework, and she would like to have the radiofrequency ablation repeated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg (modified to approved to MS Contin 15mg #90 to establish a weaning regimen): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Potentiation of morphine analgesia by D-amphetamine is mediated by norepinephrine and not dopamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81 and 88-89.

Decision rationale: This patient presents with chronic neck and low back pain, radiating symptoms to upper extremities, and also migraine headaches. The treating physician has been prescribing MS Contin for quite some time now. Review of the reports from 03/21/2012 would indicate that MS Contin was started around this time. Prior to this, the patient was on Vicodin. The reports reviewed on 03/21/2012, 07/18/2012, 10/11/2012, 12/04/2012, 04/30/2013, 06/04/2013, 08/27/2013, and 12/18/2013 all had similar documentations. For example, 12/04/2012 states medications are "partially effective." On this date, the patient reported greater than 50% reduction of pain with radiofrequency ablation and is now able to Christmas shop. On 07/18/2012, she states "medication is effective." On 04/30/2013 also states "medication is effective." Other reports from 06/04/2013 and 08/27/2013 describe "symptoms are alleviated by medications." Then on 12/18/2013, the treating physician complains that due to the utilization review weaning of the medications, the patient's functional level has declined. The patient's urine drug screen was obtained on 06/21/2013 that tested positive for amphetamine, along with opiates, hydromorphone. The treating physician's report 08/27/2013 and 12/18/2013 do not discuss the results of the urine drug screen. Medical Treatment Utilization Schedule (MTUS) Guidelines have clear requirements for chronic use of opiates. MTUS page 60 states for medications used in chronic pain, there should be "a record of pain and function for the medication" that are used. For chronic opiate use, page 88 states "document pain and functional improvement compared to baseline." It requires pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numeral scale or validated instrument. In this patient, I see that pain is assessed but the treating physician does not mention how the medications are helping this patient. In particular, the treater does not provided a numeral scale or validated instrument of functioning as required by the MTUS Guidelines. MTUS Guidelines also recommend use of 4 A's (analgesia, activities of daily living, adverse side effects, adverse behavior). In this patient before and after pain measures are not provided, while the treater mentions that the patient has no side effects with the use of medications, aberrant behavior is not well discussed. Importantly, under outcome measures, MTUS recommends documentation of current pain and the least reported pain over the period of her last assessment,

average pain, the intensity of pain after taking opioid, how long it takes for pain relief and how long pain relief lasts. None of this is provided despite review of year and a half amount of medical reports. It is inadequate to simply state "medications are effective" or "symptoms are alleviated by medications." While the patient is going through weaning process, it is obviously expected that the patient

Morphine 60mg (modified to approved Morphine 60mg to Morphine 60mg #90 to establish a weaning regimen): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Potentiation of morphine analgesia by D-amphetamine is mediated by norepinephrine and not dopamine

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amount of medical reports. It is inadequate to simply state "medications are effective" or "symptoms are alleviated by medications." While the patient is going through weaning process, it is obviously expected that the pati

Adderall 10mg: 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 Page(s): 88-89.

Decision rationale: This patient suffers from chronic pain. The treater has been prescribing Ritalin for quite some time, to apparent treat the patient's opioid induced somnolence. One of the reports indicate that the patient is drowsy with medication which is helped by Adderall. Medical Treatment Utilization Schedule (MTUS) Guidelines require pain assessment and functional improvement for use of opiates. In this case, as discussed above for other opiates, there is lack of adequate documentation that the patient's function is improved with chronic use of opiates. There are no numerical scales used, no validated instruments used to assess the patient's function. Simply stating that the patient's function is improving is inadequate per MTUS guidelines. Recommendation is for denial.