

<b>Case Number:</b>	CM13-0055058		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	10/20/1991
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 is a 53 year-old male with a 10/20/1991 industrial injury claim. He has been diagnosed with lumbar degenerative disease, failed back syndrome; obesity; hypertension; insomnia and neuritis. On 11/15/13, UR reviewed an 11/7/13 initial medical report, and a report from [REDACTED] from 9/4/10, and recommended non-certification for Morphine Sulfate, Nortriptyline, Celebrex and Ambien. The only medical report provided is the 3/4/13 report from [REDACTED], and there is no mention of Morphine Sulfate, although the physician does note use of Nortriptyline, Celebrex and Ambien. According to the 3/4/13 report from [REDACTED], the patient presents with severe low back pain. He injured in 1991 from repetitive activity in setting up a display in a [REDACTED] store.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE 60MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN/OPIOIDS, DOSING Page(s): 86, 87.

**Decision rationale:** The patient presents with severe low back pain. He was reported to be taking Oxycodone 7.5mg tid and Opana 30mg bid. The review is for an incomplete prescription of Morphine Sulfate 60mg. The dosage, duration and frequency have not been provided, and the single medical report provided for this IMR does not discuss this medication. Without the duration and frequency, it cannot be compared to the recommended duration and frequency or total morphine equivalents per day (MED) provided in MTUS. The California MTUS does not recommend going over 120 MED, and appears to already exceed this with the Opana (Oxymorphone) 30mg twice per day. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines on total morphine equivalents per day.

**NORTRIPTYLINE 50MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC Page(s): 13-16.

**Decision rationale:** The patient presents with severe low back pain. He has neuropathic pain and failed back syndrome. The California MTUS guidelines states tricyclic antidepressants are first line options for neuropathic and possible non-neuropathic pain. The request is in accordance with California MTUS guidelines.

**CELEBREX 200MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

**Decision rationale:** The patient presents with severe low back pain. The California MTUS states antiinflammatory medications are first line treatments and states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The request for Celebrex appears to be in accordance with MTUS guidelines.

**AMBIEN 10MG:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) <INSERT SECTION (FOR EXAMPLE ODG-TWC GUIDELINES, CHRONIC PAIN

CHAPTER, INSOMNIA TREATMENT, FOR AMBIEN STATES: "...2) NON-BENZODIAZEPINE SEDATIVE-HYPNOTICS (BENZODIAZEPINE-RECEPTOR AGONISTS

**Decision rationale:** The patient presents with severe back pain. He has been diagnosed with insomnia. The review is for an incomplete prescription of Ambien.10mg. The total number of tablets or duration of use was not provided. ODG guidelines state that Ambien is not recommended over 7-10 days. Without knowing the duration or total number of tablets requested, the verification of proper use Ambien in accordance with the California MTUS limitation cannot be determined. Therefore recommendation is for denial.