

Case Number:	CM13-0056040		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1999
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine and Pulmonary Disease 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:

The patient is a 64-year-old male who reported an injury on 11/1/1999, due to continuous trauma while performing normal job duties. The patient ultimately developed chronic pain of the low back that radiated into the right lower extremity. The patient's treatment history included cervical fusion, bilateral carpal tunnel release, lumbar laminectomy/laminotomy at the L2-3, L3-4, L4-5 and L5-S1 levels, physical therapy, and medication management. The patient's chronic pain was managed with multiple medications to include MSIR 30 mg, Norco 10/325 mg, Lexapro 20 mg, and Neurontin 600 mg. The patient was monitored for aberrant behavior with regular urine drug screens. The patient's most recent clinical evaluation documented the patient had 9/10 to 10/10 pain without medications, that was reduced to 6/10 with medications, and a 40% improvement of pain with medications. It is documented that the patient had improved function of greater than 50% with medication usage, and the patient was able to participate in family activities. It was noted that the patient had a signed pain medication agreement. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Anxiety medications in chronic pain Page(s): 60, 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The requested 30 tablets of Zoloft 50 mg between 11/12/2013 and 12/27/2013 are medically necessary and appropriate. The California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. Additionally, Official Disability Guidelines support the use of this medication for both depression and chronic pain. The clinical documentation does indicate that the patient is taking this medication for both symptoms. The California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and symptom relief. The clinical documentation does indicate that the patient has a reduction in pain from 9/10 to 10/10 to 6/10 due to the patient's current medication regimen. Additionally, it is noted that the patient has a 50% improvement in function, and is able to perform activities of daily living to include self care and family activities. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior and is under a pain management contract with the treating physician. Therefore, the continued use of this medication is supported. As such, the requested 30 tablets of Zoloft 50 mg between 11/12/2013 and 12/17/2013 are medically necessary or appropriate.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested 60 tablets of naproxen 550 mg between 11/12/2013 and 12/27/2013 are medically necessary and appropriate. The California Medical Treatment Utilization Schedule does recommend the use of the nonsteroidal anti-inflammatory drugs such as naproxen for patients that have chronic pain. The California Medical Treatment Utilization Schedule recommends medications used in the management of their patient's chronic pain is supported by documentation of functional benefit and documentation of pain relief. The clinical documentation does indicate that the patient has a reduction in pain from a 9/10 to 10/10 to 6/10, due to the patient's current medication regimen. Additionally, the clinical documentation does support that the patient has a 50% increase in functional activities, and is able to perform activities of daily living and family-related activities as a result of the patient's medication usage. Additionally, it is noted that the patient does not exhibit any aberrant behavior and has a pain management contract with the treating physician. Therefore, continued use of this medication would be supported. As such, the requested 60 tablets of Naproxen 550 mg between 11/12/2013 and 12/27/2013 are medically necessary and appropriate.

Morphine Sulfate Immediate Release 30mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Section Page(s): 86.

Decision rationale: The requested 150 tablets of morphine sulfate immediate release 30 mg between 11/12/2013 and 12/27/2013 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be based on documentation of functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has functional benefit, pain relief, managed side effects, and is monitored for aberrant behavior. However, the California Medical Treatment Utilization Schedule also recommends that a patient's opioid medication dosage not exceed 120 mg of a morphine-equivalent dosage. The clinical documentation indicates that the patient is prescribed this medication every 4 hours, for no more than 5 pills per day for severe breakthrough pain to allow for 150 mg per day of morphine sulfate immediate release medication. This exceeds the 120 mg per day recommendation. Therefore, continued use of this medication would not be supported.