

Case Number:	CM13-0058398		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2000
Decision Date:	05/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 50-year-old female who was injured on 08/25/2000. The mechanism of injury is unknown. Prior treatment history has included trigger point injections on 08/28/2013. She has a TENS unit. Current medications as of 08/28/2013: Norco, Clonazepam, Entocort, Sertraline, Valium, Oxycodone, Amrix, Ibuprofen, Methadone, Morphine sulfate 60 mg, Levoxyl, Omeprazole, and MS Contin. Diagnostic studies reviewed include MRI of the lumbar spine dated 06/26/2013 revealing: 1) Interval worsening of a left posterolateral disc protrusion at L4-5 with displacement of the L5 nerve root, lateral. 2) Left paracentral disc protrusion at L5-S1, slightly diminished in size. 3) Mild annular disc bulge at multiple other levels, no change. 4) Moderate foraminal stenosis on the left, L4-5 and L5-S1. 5) Worsening levoscoliosis. Urine drug study dated 07/29/2013 tested positive for the following: Morphine, hydrocodone, norhydrocodone, methadone, EDDP, 7-aminoclonazepam, temazepam, and oxazepam. A urine drug study dated 09/17/2013 tested positive for the following: Morphine, hydrocodone, norhydrocodone, methadone, EDDP, 7-aminoclonazepam, temazepam, oxazepam, nordiazepam and oxymorphone. PR-2 dated 08/28/2013 documented the patient to have complaints of neck pain, lower back pain and bilateral leg pain. She also complained of pain at her left side, muscle spasms toward the lower back area. She reported that when walking quickly pain level increases, imbalanced overall and she becomes more hunchback due to the pain. She described it as aching, throbbing and shooting. She rates her pain at 5/10 with the aid of MS Contin 60 mg. Patient feels that it would help more with an increase of MS Contin. She reported the benefit from MS Contin where she was able to have increase in ADL's. She is also trying breathing/relaxation techniques. The patient is taking her medication as prescribed and states they are working well. No medication abuse is suspected. Patient reported her pain level at its best is a 6 and 8.5 at her worst, which is between 8 pm and 6 am. Objective findings on exam included examination of the

lumbar spine on palpation, paravertebral muscles, trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both sides. Tenderness is noted in the paracervical muscles of the neck. Motor testing is limited by pain. Treatment Plan: 1. Request authorization to refer patient back to [REDACTED] to re-discuss the result of her most recent lumbar MRI. 2. Decreased Oxycodone IR 30 mg to 4 per day #120. 3. Increased MS Contin 60 mg to three times a day #90. 4. Start Flector 1.3% patches. 5. Request authorization for orthopedic shoes for support when walking, help decrease pain when walking. 6. Continue all other current medications without change. 7. Encourage HEP. 8. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MORPHINE SULFATE ER 60MG TID 90/MO FOR 6 MONTHS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, MS Contin is indicated for moderate to moderately severe pain. It is classified as a long-acting opioids, which are seen as an effective method in controlling chronic pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical documents do not support continuation of opioid pain management. There is no objective improvement with opioid treatment. There is no mention of alternative treatment. There was no mention of improved quality of life. The patient has not returned to work and improved pain and function has not been demonstrated. Recommend weaning off MS Contin as well. Consequently, the request for MS Contin is not supported by the evidence-based guidelines, and the request is non-certified.