

Case Number:	CM13-0065314		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2009
Decision Date:	04/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 & 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 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 41 year old male who injured his abdomen and low back on 08/17/2009 while lifting and pushing a trailer. Conservative care has included chiropractic therapy, physical therapy and medication therapy. The patient underwent hernia repair in August 2009. PR-2 note dated 05/02/2013 documented the patient to have complaints of back pain. MS Contin had been increased to q 8 hours and that worked better for him. He was also on Naprosyn, omeprazole, and Flexeril. He rated his pain at 8/10 in intensity without pain medications and as 7/10 in intensity with pain medications. PR-2 note dated 07/12/2013 documented the patient to have complaints of increased low back pain and left flank/rib pain. The patient was taking MS Contin 15 mg q 8 hours. He did not feel that the medication was controlling his pain. He rated his pain as a 6/10 in intensity with pain medications and as an 8/10 in intensity without pain medications. PR-2 note dated 11/18/2013 documented the patient's pain rate at 7/10 in intensity with pain medications and as a 9/10 in intensity without pain medications. PR-2 note dated 10/21/2013 documented that the patient came in for follow up for his low back, left shoulder, and left flank/rib pain. He rated his pain at a 7/10 in intensity with pain medications and as a 9/10 in intensity without pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, and Use of neuropathic pain Page(s): 76 and 82-83.

Decision rationale: Per the CA MTUS, long term users of opioids should be re-assessed to verify several factors, including the diagnosis has not changes, whether there are other effective medications and documentation of pain and functional improvement with comparable baseline figures of these. The patient has been receiving Morphine in different dosages throughout the treatment notes provided. The patient documented his pain to remain around a 7/10 with the medications, even when the dosages were altered. On 01/02/2013 the patient documented his pain as getting worse and rated it at 6/10 with the medications; dosage times were increased to every 8 hours and on 05/02/2013 he rated his pain at an 8/10. Further, the patient is already feeling the adverse effects from the long term opioid use. It is documented in the records the patient has a loss of energy and erectile dysfunction. Also documented throughout the records is the patient's diagnosis of lumbar radiculopathy with complaints of numbness in the leg which is unchanged. According to the CA MTUS, treatment of chronic lumbar root pain, morphine was the least effective treatment for this type of pain (reducing leg and back pain by 1-7% compared to placebo). It should be noted that gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Based on the lack of effectiveness, the request is non-certified.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Per CA MTUS, Flexeril is recommended as an option, using a short course of therapy. Treatment should be brief as the effect is greatest in the first 4 days of treatment. Notes available for review show the patient has been taking this medication well over one year. This exceeds the recommended efficacy time.