

Case Number:	CM14-0108011		
Date Assigned:	09/22/2014	Date of Injury:	05/06/2009
Decision Date:	10/27/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/11/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker work is a 35-year-old female with a reported injury on 05/06/2009. The mechanism of injury was falling. The injured worker's diagnoses included degeneration of the thoracic or thoracolumbar intervertebral discs, degeneration of lumbar or lumbosacral intervertebral discs, lumbosacral neuritis or radiculitis, chronic pain syndrome, myalgia and myositis, lumbago, muscle spasm, and symptoms of depression. The injured worker's past treatments included chiropractic care, medications, thoracic epidural steroid injections, and lumbar epidural steroid injections (the last one being 01/21/2014), biofeedback training, cognitive behavioral therapy, TENS unit, and a cane. The injured worker's diagnostic testing included an EMG/NCV at the lower extremities on 03/22/2012 which were normal, a functional capacity exam on 09/21/2012, a psychiatric evaluation on 10/31/2012, and a thoracic epidurogram on 04/16/2013. The injured worker's surgical history included a cervical fusion on 10/2010. The injured worker was evaluated on 09/15/2014 for complaints of back pain and lower extremity pain. The injured worker presented ambulating with a cane and complaining of lower back pack that radiated to her legs bilaterally. She reported numbness and tingling in the bilateral legs. She reported that without her medications the pain is 10/10 and with medications the pain is 3/10. She reported significant benefit from her epidural steroid injection in 01/2014. She reports that she has difficulty sleeping. The injured worker reported that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continued to keep the pain within manageable level to allow the injured worker to complete necessary activities of daily living. The injured worker denied adverse effects or side effects of her medications. The clinician observed and reported that the injured worker was unimpaired by the medication side effects. Her gait was antalgic, and the injured worker was using a cane for ambulation. Her pupils were equal and reactive to light accommodation at 3 mm. The clinician reported that the

injured worker had mild diffuse lumbosacral pain extending into the bilateral sacroiliac joints. There was moderate hypoesthesia noted on the posterolateral right leg to the right heel. The straight leg raise was positive bilaterally. Very limited range of motion was noted in all planes. Patrick's test was positive. The cervical spine showed a 10% reduction of motion in all planes. In the thoracic spine, there was mild diffuse tenderness from C7-L1. Muscle strength testing was 4/5 on the right and 5/5 on the left in all major muscle groups. There were occasional dysesthesia over the ulnar forearm and the hand, and of the entire right leg and foot from hip to heel. Hyperreflexia was noted bilaterally. The clinician's treatment plan was to continue the current treatment. The injured worker's medications included MS Contin 30 mg 2 every 8 hours as needed, morphine sulfate immediate release 30 mg half a tablet every 8 hours as needed for break through pain, Motrin 800 mg 3 times a day, Neurontin 600 mg 3 times a day, Soma 350 mg twice per day, Flector Patch applied to back twice per day, and Zoloft 50 mg 3 tablets daily. Regarding the Zoloft, the clinician indicated that the Zoloft was primarily prescribed by the family doctor, but the injured worker had significant secondary relief as a result of taking the medication. It has provided significant relief from depression and encouraged her to be more active, which had been most beneficial in reducing her pain levels. The medication was given by her primary to assist in coping with her chronic back pain resulting from her falling injury on 05/06/2009. The requests were for MSER 60mg #1235:, Sertraline 50mg #1235 with 3 refills:, Ms Contin 30mg #15 with 3 refills:, and Ms Contin 15 mg #135 with 3 refills:. No rationale for the requests were provided other than for for the sertraline as indicated above. The request for authorization forms were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #135: 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): page(s) 74-80..

Decision rationale: The request for MSER 60 mg #135 is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend criteria for use of opioid for long term users (6 months or more) be reassessed with the following questions: Has the diagnosis changed? What other medications is the patient taking? Are they effective or producing side effects? What treatments have been attempted since the use of opioids? Have they been effective? For how long? Documentation of pain and functional improvement should be compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of live. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. The injured worker has been taking MS Contin since at least 05/03/2012. The provided documentation did not include a measurable comparison from baseline regarding functionality. A modification for weaning was approved on 06/27/2014. Using the last note dated 09/15/2014 as a dosing guideline, the daily morphine equivalent dose is 225 mg which far exceeds the recommended daily dosing. Additionally, the

request for MSER 60 mg did not include a frequency of dosing. Therefore, the request for MSER 60 mg #135 is not medically necessary.

Sertraline 50mg #135 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antidepressants for chronic pain, Page(s):) 13-14..

Decision rationale: The request for Sertraline 50 mg #135 with 3 refills is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines do recommend antidepressants as a first line option for neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesics medication, sleep quality and duration, psychological assessment. While the clinician did indicate that the Zoloft provided significant relief from depression and encouraged the injured worker to be more active, no objective quantifiable measures were provided in the documentation. Additionally, the request did not include a frequency of dosing. Therefore, the request for Sertraline 50 mg #135 with 3 refills is not medically necessary.

Ms contin 30mg #135 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

Decision rationale: The request for MS Contin 30 mg #135 with 3 refills is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend criteria for use of opioid for long term users (6 months or more) be reassessed with the following questions: Has the diagnosis changed? What other medications is the patient taking? Are they effective or producing side effects? What treatments have been attempted since the use of opioids? Have they been effective? For how long? Documentation of pain and functional improvement should be compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of live. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. The provided documentation did not include a measurable comparison from baseline regarding functionality. A modification for weaning was approved on 06/27/2014. The injured worker has been taking MS Contin since at least 05/03/2012. Using the last note dated 09/15/2014 as a dosing guideline, the daily morphine equivalent dose is 225 mg which far exceeds the recommended daily dosing.

Additionally, the request for MS Contin 30 mg did not include a frequency of dosing. Therefore, the request for MS Contin 30 mg #135 with 3 refills is not medically necessary.

Ms Contin 15 mg #135 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Page(s): age(s) 74-80..

Decision rationale: The request for MS Contin 15 mg #135 with 3 refills is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend criteria for use of opioid for long term users (6 months or more) be reassessed with the following questions: Has the diagnosis changed? What other medications is the patient taking? Are they effective or producing side effects? What treatments have been attempted since the use of opioids? Have they been effective? For how long? Documentation of pain and functional improvement should be compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of live. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. The provided documentation did not include a measurable comparison from baseline regarding functionality. A modification for weaning was approved on 06/27/2014. The injured worker has been taking MS Contin since at least 05/03/2012. Using the last note dated 09/15/2014 as a dosing guideline, the daily morphine equivalent dose is 225 mg which far exceeds the recommended daily dosing. Additionally, the request for MS Contin 15 mg did not include a frequency of dosing. Therefore, the request for MS Contin 15 mg #135 with 3 refills is not medically necessary.