

Case Number:	CM14-0109506		
Date Assigned:	09/19/2014	Date of Injury:	03/16/1977
Decision Date:	10/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 is an 82-year-old female who reported an injury on 03/16/1977 due to an unknown mechanism. Physical examination dated 07/10/2014 revealed the injured worker with a history of lumbar spine surgery complicated by infection and motion segment collapse. The injured worker had severe spinal stenosis, for which she does not wish to consider surgery. Outside the home, the injured worker used a wheelchair, but at home she used a walker. It was reported that the injured worker responded in the past to epidural steroid injections with at least a moderate relief at the L3-4 level, but these effects were short lived. The injured worker does not wish to pursue further injections. The injured worker rated her pain as moderate to severe. Diagnoses were lumbar postlaminectomy syndrome, severe spinal stenosis, neuropathic pain, therapeutic opioid dependence. Medications were Norco 10/325 (2 to 3 tablets every 4 hours as needed) and morphine ER 60 mg (1 to 2 tablets every 8 hours). The rationale was: "this is an elderly woman with a long term therapeutic opioid dependence. She gets significant as noted above from her analgesic medications. There have been no significant adverse effects. Her activities of daily living are significantly improved by these medications. There has never been any evidence of aberrancy related to her pain medications. She meets the MTUS criteria for chronic pain management with opioids." The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #400: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines states for the ongoing management of an opioid medication, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The Guidelines also state there should be documentation of an objective improvement in function. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The injured worker exceeds 120 mg oral morphine equivalents per day. Also, the request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Norco 10/325mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Opioid Dosing Page(s): 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The medical guidelines also state that it further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker's cumulative dose exceeds the recommended 120 mg oral morphine equivalents per day. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.