

Case Number:	CM14-0012650		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2000
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pain Management 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 58-year-old female who has submitted a claim for left cervical facet pain and right lumbar facet pain associated with an industrial injury date of 10/26/2000. Medical records from 06/04/2013 to 01/24/2014 were reviewed and showed that patient complained of neck, low back, and hip pain graded 8/10 associated with headaches. Physical examination of the cervical spine revealed tenderness over left cervical facet column. There was discomfort noted with cervical extension and rotation. Physical examination of the lumbar spine revealed tenderness over right lower lumbar facet column. There was right-sided pain with lumbar extension and rotation. Tenderness over the right SI joint and greater trochanter was noted. Bilateral SLR test was negative. MRI of the lumbar spine dated 04/12/2007 revealed mild facet arthropathy and disc desiccation at L2-3 and L4-5. Cervical spine MRI dated 06/07/2007 revealed chronic degenerative disc changes at C5-6 and C6-7 and posterior disc bulges at C5-6. Whole body scan dated 08/10/2007 revealed lower cervical and lower lumbar degenerative changes. Treatment to date has included cervical epidural injections, medial branch blocks at left C3-6, radiofrequency neurotomy at left C3-6, lumbar medial branch blocks, physical therapy, Motrin, Vicodin, Elavil, Norco, Floricet with codeine, Methadone, Lontab, Fentanyl 100mcg/hour patch, Oxycodone, Tinazidine, Clonazepam, Lorazepam, Fiorinal with codeine, and Dilaudid. Utilization review, dated 01/24/2014, denied the request for prescription of Morphine Sulfate 60mg #240 and Dilaudid 80mg #60 because there was no MTUS support for chronic daily use of opioids and the present scripts did not include any weaning attempts. Utilization review, dated 01/24/2014, denied the request for prescription of Fiorinal with codeine 30 mg #60 because the guidelines do not support Fiorinal for treatment of headaches and can actually increase headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 60MG TWO TABLETS 3 TIMES DAILY #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there was no documentation of pain relief, functional improvement and urine toxicology review. Objective findings did not reveal acute exacerbations to support morphine use. There was no discussion as to why morphine sulfate should be initiated. Therefore, the request for Morphine Sulfate 60mg two tablets 3 times daily #240 is not medically necessary.

DILAUDID 8MG 1-2 EVERY 4 HOURS AS NEEDED #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Dilaudid 8mg q4 prn #100 since 06/04/2013. However, there was no documentation of pain relief, functional improvement and urine toxicology review. There were no objective findings or discussion to support continuation of Dilaudid use. Therefore, the request for Dilaudid 8mg 1-2 every 4 hours as needed #60 is not medically necessary.

FIORINAL WITH CODEINE 30MG TWICE DAILY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics Page(s): 23.

Decision rationale: Fiorinal(Butalbital/aspirin/caffeine) is classified under barbiturate-containing analgesics (BCA).Chronic Pain Medical Treatment Guidelines state that barbiturate-

containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the patient was prescribed Fiorinal with codeine QD prn #60 since 07/18/2013. There has been no documentation of headache relief. It is unclear as to why Fiorinal with codeine is needed despite the potential adverse effects. Therefore, the request for Fiorinal with codeine 30mg twice daily #60 is not medically necessary.