MAXIMUS Federal Services

Case Number:	CM14-0012656		
Date Assigned:	02/21/2014	Date of Injury:	05/04/1995
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
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 Medicine and is licensed to practice in Texas. 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 a 63 year old male who sustained an injury on 05/04/95. The original mechanism of injury was not identified. The injured worker had been followed for ongoing chronic neck pain radiating to the upper extremities as well as low back pain. The injured worker has also been followed for depression, anxiety, and sleep issues. Medication use has included Kadian 30mg 3 times daily as well as Ambien for sleep and Nexium for gastrointestinal side effects. Other medications included Effexor, Klonopin, and Seroquel prescribed by a different physician. The injured worker was seen by [redacted] on 11/08/13 with continuing chronic complaints of neck pain, upper extremity pain, and low back pain. The injured worker reported pain at 8/10 on the VAS with medications which increased to 10/10 without medications. Physical examination noted persistent tenderness to palpation in the lumbar paraspinal musculature with limited range of motion in the lumbar spine. Due to the injured worker's abdominal complaints, he was referred for a gastroenterologist consult as well as CT studies of the abdomen and pelvis. Follow up on 01/14/14 indicated the injured worker's pain had recently increased due to a fall out of a shower 1 week prior. At this evaluation, the injured worker was increasing his rate of Norco to 2 tablets every 6 hours as a result of significantly increased amounts of pain. With medications, the injured worker reported that he was able to perform normal activities of daily living and was able to function. The injured worker continued to report gastrointestinal symptoms. At this evaluation, the injured worker continued to use Kadian 30mg 3 times a day for baseline pain relief in addition to Norco 5/325mg at 6 per day for an exacerbation of pain due to the recent fall. The injured worker continued on psychotropic medications prescribed by his psychiatrist as well as Nexium and Ambien. On physical examination, there was tenderness to palpation and mild spasms in the paraspinal musculature. Decreased range of motion of the cervical spine was noted. There was

persistent decreased sensation to light touch in a left C8 distribution. The injured worker did receive trigger point injections at this visit. Norco was discontinued as it was not effective and the injured worker was started on MSIR 15mg twice daily for an acute flare of symptoms. The requested MSIR 15mg, quantity 60 was denied by utilization review on 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF MORPHINE SULFATE IMMEDIATE RELEASE (MSIR) 15MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the prescription for MSIR 15mg, quantity 60, this reviewer would have recommended certification for this medication. The injured worker was seen on 01/14/14 with a substantially increased amount of pain due to a recent fall which was not being well controlled with Norco for breakthrough pain. The injured worker was utilizing Norco at a rate of 12 per day. [redacted] recommended a trial of MSIR 15mg twice daily to replace the Norco which was not felt to be effective. This would be appropriate given the amount of pain experienced by the injured worker due to the recent fall. In this case, [redacted] appropriately was recommending a trial of a different narcotic for breakthrough pain as Norco was not effective. The trial was recommended for 30 days which would be consistent with guideline recommendations. Given the ineffectiveness of Norco for the injured worker's recent exacerbation of pain, MSIR was medically appropriate. Therefore, this reviewer would have recommended certification.