

Case Number:	CM14-0018936		
Date Assigned:	04/23/2014	Date of Injury:	04/20/1998
Decision Date:	07/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 has a subspecialty in Pain Management 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 67 year old male who sustained an injury on 04/20/98. The injured worker's original described mechanism of injury was not noted in the clinical records. The injured worker has been followed for chronic low back pain following a prior lumbar fusion completed in 2001 and revision fusion procedures performed in 2002. The injured worker has been prescribed multiple medications for chronic pain which have included Celebrex, Hydrocodone, Lidoderm patches, Lyrica, and multiple Morphine formulations both immediate and extended release. The injured worker did note an exacerbation of the injured worker's chronic pain when he fell in September of 2013. The injured worker did report an exacerbation of his chronic pain. No interval injury to the lumbar spine itself was noted on radiographs. The clinical report from 01/15/14 noted pain scores ranging from 6-8/10 on the VAS. The injured worker described continued lower extremity weakness with stiffness and muscular spasms. On physical examination, the injured worker demonstrated an antalgic gait favoring the right lower extremity. There was limited range of motion noted in the lumbar spine. No pain behaviors were noted outside of the expected context of the disease. At this visit, Morphine extended release 30mg and Morphine extended release 60mg was continued. The injured worker was also utilizing Hydrocodone 10/325mg every 12 hours. Naproxen was continued at this visit as well as a Hydrocortisone cream and Calcium Carbonate. The injured worker was also referred for further chiropractic therapy. With chiropractic therapy the injured worker was noted to have decreased the amount of narcotics being utilized. Updated Vitamin D studies were recommended as well as repeat renal panels. Follow-up on 03/13/14 noted unchanged pain scores. The injured worker's physical examination findings were essentially unchanged. The report did note that with medications, the injured worker had approximately 45% decrease in overall pain. It is noted at this visit that the injured worker was doubling up on Morphine extended release 30mg as the

60mg extended release medication was not approved in time. Drug screens were reported to show positive results for opioids and Oxycodone. This was not a confirmatory study. The injured worker was again seen on 04/18/14 for a reevaluation of the lumbar spine. There were concerns regarding adjacent level disease. On physical examination, there was a negative straight leg raise finding bilaterally. Reflexes were 2+ in the knees and trace to absent in the ankles. The injured worker was ambulatory at this evaluation. Medications were continued at this visit. A detoxification program was discussed with possible transition to sublingual Suboxone. The injured worker was open to possible detoxification. Pending this, MS Contin, Norco, and Celebrex were refilled. The requested Morphine extended release 30mg, quantity 60 and Morphine extended release 60mg, quantity 30 as well as Naprosyn 375mg, quantity 60 with 3 refills, Hydrocodone 10/325mg, quantity 60 with 1 refill, Calcium Carbonate 200mg, quantity 30 with 3 refills, and the chiropractic referral were all non-certified by utilization review on 02/04/14. In review of the denial letter, Morphine extended release 30mg was modified to 45 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE ER 30MG #60: 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): 88-89.

Decision rationale: This reviewer does agree with the modification made on 02/04/14 to 45 tablets only to facilitate a weaning period. Per the clinical reports provided for review, the injured worker was recommended for a detoxification program with a transition to Suboxone. Given the extensive amount of narcotics use, this would have been medically reasonable and appropriate. Therefore, the injured worker would have only required a quantity of 45 tablets of Morphine extended release to facilitate a weaning period. Therefore, the request for Morphine ER 30mg #60 is not medically necessary.

MORPHINE ER 60MG #30: Overturned

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): 88-89.

Decision rationale: The injured worker does require a reasonable weaning period for both extended release Morphine dosages. Without the 60mg Morphine being provided, there would have been a substantial amount of withdrawal symptoms as an appropriate weaning schedule

could not have been reasonably achieved. Therefore, the request for Morphine ER 60mg #30 is medically necessary.

NAPROSYN 375MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transition to an over-the-counter medication for pain. Therefore, the request for Naprosyn 375mg #60 with 3 refills is not medically necessary.

HYDROCODONE 10/325MG #60 WITH 1 REFILL: 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): 88-89.

Decision rationale: The injured worker was recommended to transition off of narcotics onto Suboxone as a detoxification therapy. In order to do this, the injured worker would not have required 120 tablets of Norco over a 2 month period. At most, the injured worker would have required 45 tablets of Hydrocodone to facilitate this weaning period. Therefore, request for Hydrocodone 10/325mg #60 with 1 refill is not medically necessary.

CALCIUM CARBONATE 200MG (500MG) #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS other medical treatment guideline or medical evidence: calcium carbonate. (2013). In physicians' Desk Reference 67th ed.

Decision rationale: There was no ongoing evidence of osteopenia or an abnormal Vitamin D level that would have supported the use of this medication. No laboratory results or bone density

studies were available for review to support the use of this medication. Therefore, the request for calcium carbonate 200mg (500mg) #30 with 3 refills is not necessary.

CHIROPRACTIC REFERRAL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 72.

Decision rationale: Per the clinical reports provided for review, there was documentation that the injured worker was able to utilize less narcotic medications while undergoing a chiropractic program. The referral would have been reasonable and medically appropriate to determine whether the injured worker was a proper candidate for chiropractic treatment given the prior fusion procedures completed to date. It is possible with the referral that further information could have been obtained regarding the injured worker's overall clinical status to delineate further treatment. Therefore, the request for chiropractic referral is medically necessary.