

Case Number:	CM14-0113582		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2008
Decision Date:	10/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 injured worker is a 54-year-old male who sustained work-related injuries on September 1, 2008. From February 12, 2014 to June 4, 2014, the injured worker went to his psychiatrist who provided him prescriptions of Cymbalta 30mg daily, Deplin 15mg by mouth every night #15, Klonopin 0.5mg up to two times per day as needed #60. On May 1, 2014, he underwent diagnostic L3-4 medial branch nerve block, L5 dorsal ramus nerve block under fluoroscopic guidance. As per the most recent records dated July 3, 2014, the injured worker made a follow-up evaluation of his low back pain with his provider. He reported experiencing back stiffness, radicular pain in the right leg, and sharp pain. It would worsen with flexion, hip extension, hip flexion, hip rotation, temperature or humid conditions and standing. He described his pain as aching, burning, spamming, shooting, sore, pressure, shocking pain going down to his legs, radiating, numbing, shooting down the legs, and worse when cold. He rated his pain as 4/10. With regard to his shoulder pain, he reported experiencing aching, tenderness, and throbbing which were located in the left shoulder. He rated his pain as 3/10. The pain would worsen with activities, everyday use, and lifting. The pain was described as aching, radiating, sharp, throbbing, worse in the night, and numbness in the arm. Objectively, he has antalgic gait favoring the left and shuffling of the right. He has some weakness in the lower extremities associated with pain. The muscle strength was 4+/5 in the right hip flexors, 2/5 in the right foot dorsiflexors, right foot plantar reflexes, right hip adductors, and right hip abductors. The pain was noted with the Valsalva maneuver; flexion, abduction, external rotation; extension on the right; and the Patrick's maneuver on the right. The pain to palpation was noted over the L4 to L5 and L5-S1 facet capsules right, pain with rotational extension indicative of facet capsular tears, bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding bilateral. The left shoulder examination noted slight reduction in height of the acromioclavicular joint on

the left. It was noted to be slightly warmer to touch. The range of motion was limited, worse on internal and external rotation with pain. Diffuse tenderness was noted along the supraspinatus muscle. Sensation was decreased in the S1 dermatomes. He is diagnosed with chronic discogenic lumbosacral spinal pain associated with disc annular disruption syndrome and comorbid facet mediated compromise, (b) lower extremity neuropathic radiculopathy, (c) deconditioning, (d) weight gain, (e) fatigue, anhedonia, and decreased libido, and (f) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, Oral morphine Page(s): 86-87, 96-97.

Decision rationale: Avinza (morphine sulfate) 60 milligrams is a considered to be an oral morphine. According to the Chronic Pain Medical Treatment Guidelines, this medication is not recommended as a primary treatment for persistent pain. Moreover, the Chronic Pain Medical Treatment Guidelines indicate that dosing should not exceed 120 mg oral morphine equivalents per day. In this case, the injured worker is taking Avinza 60mg twice a day and Norco 10/325 1 tab every three hours by computing the minimum effective dose for these medications, the total minimum effective dose exceeds the recommendation of the referenced guidelines. Therefore, the medical necessity of the requested Avinza 60mg #60 is not established.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; ongoing management; Weaning of medications Page(s): 91, 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 74-76, 86-87.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Norco is indicated for the treatment of chronic pain as well as breakthrough or flare-ups. However, the dosage and frequency of this medication is noted to be 10/325 mg 1 tab every 3 hours. Norco together with Avinza 60mg twice a day exceeds the recommended oral Morphine equivalents per day. Hence, the medical necessity of the requested Norco 10/325 milligrams #240 1 tab every three hours is not established.

Omeprazole 20mg #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that a worker should be determined if he or she is at risk for gastrointestinal events and the criteria that can be used to determine this are the following: more than 65 years of age, has prior history of peptic ulcer, gastrointestinal bleeding or perforation, has concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant, or high dose/multiple nonsteroidal anti-inflammatory drugs. Based on this injured worker's most recent records, he does not satisfy the above indicators and he is not currently on nonsteroidal anti-inflammatory drugs treatment as per most recent progress notes. Hence, the medical necessity of the requested Omeprazole 20 milligrams #30 with three refills is not established.