

Case Number:	CM14-0127798		
Date Assigned:	08/15/2014	Date of Injury:	11/13/1999
Decision Date:	12/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Florida and 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 patient is a 49 year old female who was injured on 11/13/1999. The diagnoses are migraine headaches, lumbar radiculopathy, low back, leg and foot pain. The patient completed PT, epidural injections and TENS unit use. The MRI of the lumbar spine showed degenerative disc disease, disc bulges and foraminal stenosis. [REDACTED] PA-C / [REDACTED] MD noted subjective complaint of low back pain radiating to the right lower extremity. The pain score is rated as 5-6/10 with medications and 9-10/10 without medications. There is history of leg weakness and frequent falls. The gait is slow and guarded. There is objective finding of lumbar paraspinal muscle spasm. There is diffuse pain to light palpation. The straight leg raising is positive bilateral. The medications are zolpidem for sleep, topiramate, Norco and Morphine ER for pain, Soma for muscle spasm. The only UDS on record dated 1/3/2012 was negative for all prescribed medications. The patient only returns for clinic evaluations when out of medications. The 2013 UDS leaked on transit. The patient noted that certain medication brand were more effective. A Utilization Review determination was rendered on 7/29/2014 recommending partial approval for Norco 10/325mg #120 to #60 and Morphine ER 15mg #90 to # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The guidelines recommend that documentations during chronic opioid treatment should include Pain Contract, regular UDS, compliance monitoring measures, absence of aberrant drug behaviors and adverse medication effects. The records indicate that the patient had utilized multiple high dose opioids for many years. The patient is also utilizing many sedative medications such as Soma and Ambien. There is documented history of frequent falls. There is no consistent UDS report on record. The patient requested for opioid medications by brand which the guidelines regard as a 'red flag' behavior. There is no documentation of functional restoration despite the use of high dose opioid medications. There is no documentation of recent failure of standard PT and NSAIDs treatments. The criteria for the use of hydrocodone/APAP (Norco) 10/325mg #120 was not met. The request is not medically necessary and appropriate.

Morphine ER (MS Contin) 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The guidelines recommend that documentations during chronic opioid treatment should include Pain Contract, regular UDS, compliance monitoring measures, absence of aberrant drug behaviors and adverse medication effects. The records indicate that the patient had utilized multiple high dose opioids for many years. The patient is also utilizing many sedative medications such as Soma and Ambien. There is documented history of frequent falls. There is no consistent UDS report on record. The patient requested for opioid medications by brand which the guidelines regard as a 'red flag' behavior. There is no documentation of functional restoration despite the use of high dose opioid medications. There is no documentation of recent failure of standard PT and NSAIDs treatments. The criteria for the use of Morphine ER / MS Contin 15mg #90 was not met. The request is not medically necessary and appropriate.

