

Case Number:	CM14-0131795		
Date Assigned:	08/20/2014	Date of Injury:	05/11/2000
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 62-year-old male who reported an injury on 05/11/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 07/07/2014 indicated diagnoses of lumbar disc degeneration, chronic pain, lumbar radiculopathy, status post fusion of the lumbar spine, osteoarthritis of the left wrist, constipation chronic, opiate dependence, medication related dyspepsia, history of alcohol abuse none times 13 years, restless leg syndrome, and left wrist fracture. The injured worker reported pain that radiated down the bilateral lower extremities, insomnia, and restless legs, with spasm that were significant to his insomnia. The injured worker reported his pain was rated 6/10. The injured worker reported GERD. The injured worker reported constipation as moderate, with current stool softeners that controlled his symptoms. The injured worker reported weather changes has worsened pain. The injured worker reported he used a TENS unit and it was helpful. The injured worker reported he had used a TENS unit for 14 years several time per day. The injured worker reported the use of a TENS unit, antiseizure, H2 blocker, muscle relaxant, opiate pain/sleep aid medication was helpful. The time until pain relief was approximately 2 hours. The injured worker reported pain relief from each medication dose lasted for 4 to 6 hours. The injured worker reported areas of functional improvement as a result of the above therapy including bathing, caring for pet, doing hobbies, walking in the neighborhood, and writing. The injured worker reported he wished to continue therapy based on his decreased pain and increased level of function. On Physical examination of the cervical spine there was tenderness noted in the cervical spine C4 through C7. The examination of the lumbar revealed tenderness to palpation in the spinal vertebral area of L4 through S1 levels and the range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker had a straight leg raise that was positive in the seated position. The injured worker's treatment plan included an intrathecal pump trial. The injured worker's prior

treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Soma, Colace, MS Contin, Neurontin, Norco, Protonix, Desyrel, and BioFreeze. The provider submitted a request for the above medications. A Request for Authorization dated 07/17 was submitted for the above medications to include a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Morphine sulfate was modified for the injured worker on 07/29/2014 in order to wean the injured worker. In addition, the injured worker's overall pain has remained unchanged, and the injured worker continues to remain off work. Moreover, the request does not indicate a frequency for the morphine sulfate. Therefore, the request for Morphine sulfate 30mg # 90 is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, it was not indicated if the injured worker had a signed opiate agreement. Additionally, the request does not indicate a frequency for the Norco. Therefore, the request for Norco 10/325mg #180 is not medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there is lack of diagnosis of radiculopathy. In addition, the request does not indicate a frequency. Moreover, the request for Neurontin was modified 07/29/2014 for weaning. The provider has had ample time to wean the injured worker from the Neurontin. Furthermore, the request does not indicate a frequency. Therefore, the request for Neurontin 600mg #90 is not medically necessary.

Biofreeze gel 4% # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, it was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, topical compounds are experimental in use. Moreover, the request does not indicate a frequency. Therefore, the request for Biofreeze gel 4% # 1 is not medically necessary.

Soma 350 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. Documentation submitted did not indicate the injured worker had spasms. In addition, it was not indicated how long the injured worker had been utilizing the Soma. Moreover, the request did not indicate a frequency. Therefore, the request for Soma 350 mg # 90 is not medically necessary.

Protonix 20mg #30: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker does have gastrointestinal upset, and would probably benefit from Protonix, the injured worker does not have a prescription for an NSAID. In addition, the request does not indicate a frequency. Therefore, the request for Protonix 20mg #30 is not medically necessary.

Colace 100mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy Page(s): 77.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. Based on the medical records provided for review the injured worker reports constipation and could benefit from the Colace. However, the request does not indicate a frequency for the Colace. Therefore, the request for Colace 100mg # 90 is not medically necessary.