

Case Number:	CM14-0159023		
Date Assigned:	10/02/2014	Date of Injury:	09/06/2008
Decision Date:	12/11/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Tennessee. 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:

This is a 31-year-old female with a 9/6/08 date of injury. The patient was seen on 9/26/14 with complaints of poor sleep quality. The patient rated her pain 8/10 without medications and 5/10 with medications and stated that her activity level increased. Exam findings revealed antalgic gait, pain and tenderness to palpation over the paraspinal thoracic and lumbar muscles, positive lumbar facet-loading test and positive straight leg-raising test bilaterally. The motor examination was 5/5 in all muscle groups except 4/5 of the right EHL. The sensation was decreased over the upper and lower extremities, more on the right. The patient was noted to be on Gabapentin 800 mg, Morphine Sulfate Ir 15 mg, Lidoderm patch, Flexeril 5 mg, Kadian Er 20 mg and Wellbutrin Sr 150 mg. The urine toxicology report dated 3/27/14 revealed consistency with the medication regimen. The patient stated that with the use of her medications she was able to increase her physical activity, perform her ADLs and that her pain level decreased from 9/10-5/10. The patient denied side effects from medications. The diagnosis is lumbar radiculopathy, lumbago and right lower leg numbness. Treatment to date: work restrictions, TENS unit, chiropractic treatment, epidural spinal injections, and medications. An adverse determination was received on 9/16/14 for a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg #80: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Opioids/medication

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 9/26/14 indicated that the patient followed the "4 A's" pain management plan. The patient stated that with the use opioids she was able to increase her physical activity, perform her ADLs, had better sleep, was able to walk longer and was able to take care of her daughter. The patient also reported, that her pain level decreased from 9/10 to 5/10 with medications and she denied any side effects. In addition, the urine toxicology report dated 3/27/14 revealed consistency with the medication regimen. Therefore, the request for Morphine Sulfate IR 15mg #80 was medically necessary.

Kadian ER 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Opioids/medication

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 9/26/14 indicated that the patient followed the "4 A's" pain management plan. The patient stated that with the use opioids she was able to increase her physical activity, perform her ADLs, had better sleep, was able to walk longer and was able to take care of her daughter. The patient also reported, that her pain level decreased from 9/10 to 5/10 with medications and she denied any side effects. In addition, the urine toxicology report dated 3/27/14 revealed consistency with the medication regimen. Therefore, the request for Kadian ER 20mg #30 was medically necessary.