

<b>Case Number:</b>	CM14-0167216		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal Medicine 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 70-year-old man who sustained an injury on June 27, 2003 while working for the [REDACTED]. He recalls lifting a heavy box of what he thought would weigh 5 to 6 pounds, but really ended up weighing roughly 30 to 40 pounds. He was lifting and twisting when he felt sudden back pain. The carrier has accepted right upper leg, left lower leg, and the lower back. The carrier has objected the claim for internal organs and right hip. Pursuant to the Progress note dated September 22, 2014, the IW complains of moderate to severe low back pain radiating to the right calf, thigh and buttock. Pain is relieved by ice and pain medications. The IW is able to fulfill daily home activities, but it is a struggle. He is able to perform minimal activities outside of the house two days a week. He is not able to work or volunteer. Without medications, the IW reports that he is able to get dressed in the morning and perform minimal home activities. Contact with friends is via phone or e-mail. Objective findings reveals lumbar tenderness and moderate pain with motion. Lumbar mobility is decreased. He has antalgic gait. The diagnosis is post-lumbar laminectomy syndrome. The IW reports pain without medications is 9/10. Pain is rated 6/10 with medications. In the last month, on average, the IW rates the intensity of his pain a 9/10. The IW has been seen for intractable pain syndrome since 2013. He continues to have intractable pain that has required comprehensive pain management techniques including interventional therapy implantation of the spinal cord stimulator and peripheral nerve stimulator as well as complex pharmaceutical management. He is seen on a regular basis. Relevant current diagnoses include, but are not limited to: Myalgia and myositis (unspecified); radiculopathy, thoracic or lumbosacral (chronic); failed back surgery syndrome, lumbar; low back pain; abnormal gait, and obesity. Relevant medical and surgical history include, but are not limited to: Disc procedures in 1983, and 2004; fusion L3-L4 in 2005; fusion of L4-L5 in 1987, fusion (L5-L6?); left wrist and shoulder repair in 2000, SCS implanted in

2012; torn rotator cuff right shoulder in 2003. Relevant medications include, but are not limited to: Tizanidine HCL 4mg, Percocet 10/325mg, Morphine Sulfate ER 60mg, and Lidocaine patch 2%. Treatment plan: The spinal cord stimulating system was reviewed according to the September 22, 2014 progress note. The most recent CURES report was reviewed which was consistent with a single prescribing physician. The controlled substance agreement was also reviewed. The IW will return in one month for medication management follow-up.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Oxycodone & Metabolic Serum Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opioids, Dealing With Misuse and Addiction

**Decision rationale:** Pursuant to the Official Disability Guidelines (opioids, dealing with misuse and addiction), oxycodone and metabolite serum is not medically necessary. The guidelines make recommendations for monitoring opioid misuse, abuse, addiction and aberrant behavior. Recommendations include, but are not limited to, limit prescribing and filling prescriptions to one pharmacy; in cases of strong suspicion or active evidence of abuse, limit the amount of medications prescribed at one time; obtain urine drug screens according to risk assessment; frequently review medications with use of electronic medical record evaluation; established goals of treatment and communicate with other current providers and review the medical records. In this case, there was evidence in the medical record that recent testing was performed on March 18, 2014. The oxycodone level was 18 (normal range 10 - 100). The need for a repeat oxycodone level is unclear. Additionally, there is no evidence in the record that the injured worker is at high risk for misuse or addiction. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, oxycodone and metabolite serum is not medically necessary.

#### **Morphine Serum Qty: 1.00: 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 Official Disability Guidelines (ODG); Opioids, Dealing With Misuse and Addiction

**Decision rationale:** Pursuant to the Official Disability Guidelines (opioids, dealing with misuse and addiction), Morphine serum is not medically necessary. The guidelines make recommendations for opioid misuse, abuse, addiction and aberrant behavior. Recommendations

include but are not limited to, limit prescribing and filling prescriptions to one pharmacy; in cases of strong suspicion or active evidence of abuse, limit the amount of medications prescribed at one time; obtain urine drug screens according to risk assessment; frequently review medications with use of electronic medical record evaluation; established goals of treatment and communicate with other current providers and review the medical records. In this case, there was evidence in the medical record that recent testing was performed on March 18, 2014. A Morphine level was posted to the medical record March 18, 2014 and was less than 50. (Therapeutic range <200ng/ml) There is no indication in the medical record for repeating a morphine level. Additionally there is no evidence in the medical record that the injured worker is at high risk for misuse, abuse or addiction. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Morphine serum level is not medically necessary.

**E1A9 w/alcohol Qty: 1.00:** 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 Official Disability Guidelines (ODG); Opioids, Dealing With Misuse and Addiction

**Decision rationale:** Pursuant to the Official Disability Guidelines, EIA 9 with Alcohol is not medically necessary. The guidelines provide recommendations dealing with use and addiction of opiates. This carries over to alcohol abuse. In this case, there was recent testing; however the results of the EIA 9 plus alcohol level were not in the medical record. Additionally, there is no indication in the medical record this patient is at risk for alcohol abuse. The request for EIA 9 is unclear. Based on the clinical information the medical record, the missing EIA 9 result and peer-reviewed evidence-based guidelines, the EIA 9 plus Alcohol is not medically necessary.

**Motorized scooter Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Power Mobility Device

**Decision rationale:** Pursuant to the Official Disability Guidelines, a power mobility device (motorized scooter) is not medically necessary. The guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, where the patient has sufficient upper extremity function to propel a manual wheelchair . . . .Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process and if there is any mobility with cane or other assistive devices, a

motorized scooter is not essential to care. In this case, there is nothing in the medical record showing the injured worker cannot resolve issues relating to ambulatory difficulties with a walker or cane. The use of the scooter will lead to dependence due to further deterioration of strength and endurance. Consequently, the motorized scooter is not medically necessary. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, the motorized scooter is not medically necessary.