

Case Number:	CM14-0023766		
Date Assigned:	06/11/2014	Date of Injury:	12/01/1978
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 Physician 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 an 83 year old female with a date of injury on 12/1/1978. Diagnoses include lumbar degenerative disc disease, lumbar post-laminectomy syndrome, chronic pain syndrome, and lumbar radiculitis. Subjective complaints are of low back pain. Office notes indicate pain is unchanged, and medications have been taken as directed. Physical exam showed lower extremity strength of 5/5, full range of motion, and no tenderness. Medications include MS Contin, lidocaine/prilocaine cream. Records indicate that medications were helpful in reducing pain from 10/10 without medications to 4-5/10 with medication. The medications allowed for work around the yard, and medication was tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MORPHINE SULFATE ER 60MG, #60 (WITH NO REFILLS):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (FOR CHRONIC PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The injured worker in question has been on chronic opioid therapy. The California Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain; and the patient is "permanent and stationary" and is not working. But this injured worker's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has had improvements in functioning and pain. For this injured worker, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the request for Morphine Sulfate is consistent with guideline recommendations, and is medically necessary.

PRESCRIPTION OF COMPOUND MEDICATION LIDO/PRILOCAINE CREAM 2.5-2.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM, TOPICAL ANALGESICS Page(s): 56, 111-113.

Decision rationale: The California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. The California MTUS guidelines indicate that lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Therefore, the use of lidocaine/prilocaine cream is not consistent with guideline recommendations, and is not medically necessary.