

Case Number:	CM14-0025012		
Date Assigned:	06/11/2014	Date of Injury:	04/17/1995
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Geriatrics, and is licensed to practice in New York. 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 78-year-old with a date of injury of April 17, 1995. She was seen by her physician on December 19, 2013 with "stable" low back and leg pain. The pain was described as an ache and aggravated by sitting, standing and walking. Her symptoms were relieved with pain meds, heat, rest and sitting. The pain meds were said to be working. Her pain medications included voltaren gel, Neurontin, Percocet and MS Contin. On physical exam, she reported 7/10 pain though she was in no acute distress. She had posterior tenderness in her back and spine with left positive leg raise at 30 degrees. Her reflexes were normal. She had pain with lumbar flexion and hyperextension though the range was normal. Her diagnoses were back pain, lumbosacral spondylosis and chronic pain. Her meds were said to be effective without side effects. At issue in this review is the endocet and morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENDOCET 10/325MG, NINETY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This 78-year-old patient has chronic back pain with an injury sustained in 1995. The patient's medical course has included numerous treatment modalities including use of several medications including narcotics, topical NSAIDs and neurotin. According to the Chronic Pain Medical Treatment Guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Endocet 10/325 mg, ninety count, is not medically necessary or appropriate.

MORPHINE 30MG, SIXTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This 78-year-old patient has chronic back pain with an injury sustained in 1995. The patient's medical course has included numerous treatment modalities including use of several medications including narcotics, topical NSAIDs (non-steroidal anti-inflammatory drugs) and neurotin. According to the Chronic Pain Medical Treatment Guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for morphine 30 mg, sixty count, is not medically necessary or appropriate.