

Case Number:	CM14-0029217		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2007
Decision Date:	08/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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:

According to the records made available for review, this is a 43-year-old female with a 9/5/07 date of injury. At the time (2/10/14) of request for authorization for Morphine ER 30 mg #60, methadone 10 mg #90, and Vibryd 10 mg, there is documentation of subjective (bilateral low back pain, pain rated 7/10) and objective (moderate tenderness over the right L4-5 and L5-S1 facet joints, 3+ muscle spasm, mild tenderness left L4-5 and L5-S1 facet joints, facet joint provocation test moderately positive on the right, decreased lumbar spine range of motion, Faber test strongly positive on the right for right sacroiliac pain, Fortin finger test positive on the left, forward flexion and leg abduction test positive, Gillets test strongly positive on the right, and severe tenderness over the right sacroiliac joint) findings, current diagnoses (lumbar spondylosis with discogenic pain primarily from the L3-4, L4-5, and L5-S1 level without radiculopathy; chronic bilateral SI joint dysfunction with right SI joint causing significant subacute pain), and treatment to date (radiofrequency rhizotomy, and medications (including methadone (since at last 11/08), Vibryd (since at least 913), and morphine ER (since at least 1/14)). Regarding the requested Morphine ER 30 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Morphine ER use to date. Regarding the requested methadone 10 mg #90, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it, that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there

will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of methadone use to date. Regarding the requested Vibryd 10 mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vibryd use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30 mg #60: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis with discogenic pain primarily from the L3-4, L4-5, and L5-S1 level without radiculopathy; chronic bilateral SI joint dysfunction with right SI joint causing significant subacute pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Morphine ER use to date. Therefore, based on guidelines and a review of the evidence, the request for Morphine ER 30 mg #60 is not medically necessary.

Methadone 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In

addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis with discogenic pain primarily from the L3-4, L4-5, and L5-S1 level without radiculopathy; chronic bilateral SI joint dysfunction with right SI joint causing significant subacute pain. However, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it, that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for methadone 10 mg #90 is not medically necessary.

Vibryd 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis with discogenic pain primarily from the L3-4, L4-5, and L5-S1 level without radiculopathy; chronic bilateral SI joint dysfunction with right SI joint causing significant subacute pain. In addition, there is documentation of chronic pain. However, given documentation of ongoing use of Vibryd, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vibryd use to date. Therefore, based on guidelines and a review of the evidence, the request for Vibryd 10 mg is not medically necessary.

