

Case Number:	CM14-0036839		
Date Assigned:	06/25/2014	Date of Injury:	06/15/1999
Decision Date:	07/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 Medicine and is licensed to practice in Texas. 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 56 year old male who had a work related injury on 06/15/99. There is no documentation of the mechanism of injury. He is being treated for chronic neck pain with right upper extremity pain, as well as low back pain with bilateral lower extremity radiation. The pain is aggravated by activity and walking. The most recent clinical note dated 04/24/14 physical examination showed there was tenderness noted in the trapezius muscles bilaterally, bilateral paravertebral area, and spinal vertebral C4 through C7 levels on palpation. Range of motion of the cervical spine was slightly limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Lumbar spine examination revealed a well-healed surgical scar and decreased lumbar lordosis. There were spasms noted in the bilateral paraspinous musculature. Lumbar tenderness was noted upon palpation of the L3 through S1 lumbar paravertebral area. Pain was significantly increased with flexion and extension. The Achilles reflexes was absent on the left. Foot drop was absent. Waddell's signs were absent. Range of motion was moderately to severely limited. Straight leg raise with the injured worker seated was positive bilaterally at 70 degrees. His diagnoses include disc displacement of the lumbar spine, lumbar radiculopathy, post-laminectomy syndrome of the lumbar spine, lumbar spine failed back surgery, lumbar facet arthropathy, status post fusion in the lumbar spine, iatrogenic opioid dependency, chronic pain, diabetes, hypertension, hypothyroid, long term anticoagulation therapy, a history of pulmonary embolism. History of failed intrathecal pump implant. The injured worker has had periodic urinary drug screens. Pain is rated at 9/10 in intensity with medication. Pain is rated 10/10 in intensity without medication. The injured worker's pain is reported as worsened since the last visit. He reports activities of daily living limitations in the following areas, self-care and hygiene, activity, ambulation, sleep, and sex. The request is for the remaining Morphine Sulfate ER 80mg #45, remaining MSIR 30mg #60 and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

The remaining Morphine Sulfate ER 80mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for the remaining Morphine Sulfate ER 80mg #45 is not medically necessary. The clinical documentation submitted for review does not support the request. There has not been any significant decrease in pain, pain is rated at 9/10 in intensity with medication. Pain is rated 10/10 in intensity without medication. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

The remaining MSIR 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for the remaining MSIR 30mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. There has not been any significant decrease in pain; pain is rated at 9/10 in intensity with medication. Functional activities have not improved. Pain is rated 10/10 in intensity without medication. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Lidoderm Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm® (lidocaine patch).

Decision rationale: The request for Lidoderm Patch is not medically necessary. The current evidence based guidelines do not support the request. This is not a first-line treatment and is Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia

(Retro) Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The request for (Retro) Urine Drug Testing is not medically necessary. there is no date specific for this request. As such, medical necessity has not been established. ODG recommends as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports.