

Case Number:	CM14-0040076		
Date Assigned:	06/27/2014	Date of Injury:	09/23/2007
Decision Date:	08/19/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation 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 50-year-old female who reported an injury on 09/23/2007. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with mid back pain. Current medications included Baclofen, Soma, MS-Contin, Norco, Lunesta, Gabapentin, Pantoprazole, Diclofenac, Motrin, and Topical Gabapentin/Ketoprofen/Lidocaine cream. Upon examination, there was tenderness of the paraspinal muscles of the mid thoracic spine over the facet joints starting around T8-9 and extending down to the lumbosacral junction. There also was midline pain over the spinous process from T8 to the upper lumbar spine. The diagnoses were thoracic and lumbar spondylosis, thoracic and lumbar myalgia, and opioid tolerance. The provider recommended Morphine, Norco, and Baclofen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine CR 100mg QTY: 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral Morphine equivalents per day. The included documentation lacked evidence of an objective assessment of the injured worker's pain, improved function, evidence of being monitored for aberrant drug abuse behavior and side effects. The cumulative dosing for all opiates exceeds the guideline recommendations of 120mg oral Morphine equivalents per day. As such, the request is not medically necessary.

Norco 10/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral Morphine equivalents per day. The included documentation lacked evidence of an objective assessment of the injured worker's pain, improved function, evidence of being monitored for aberrant drug abuse behavior and side effects. The cumulative dosing for all opiates exceeds the guideline recommendations of 120mg oral Morphine equivalents per day. As such, the request is not medically necessary.

Baclofen 20mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as second-line option for short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does not provide evidence that the injured worker has been on this medication for an extended duration of time, and there is a lack of documentation of objective improvement. Therefore, continued use of the medication would not be supported. As such, the request not medically necessary.