

Case Number:	CM14-0041333		
Date Assigned:	06/27/2014	Date of Injury:	05/26/1998
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 64 year old employee with date of injury of 5/26/1998. Medical records indicate the patient is undergoing treatment for chronic low back pain; status/post knee replacement; morbid obesity; non-industrial prior history of left humeral fracture. Subjective complaints include: When the patient was using the TENS unit her pain level was down and she relied less on medications. She states severe low back and knee pain (9/10), 7-8/10 with medication. Wheelchair was denied so she cannot ambulate from the chair to aqua therapy. Only able to walk 20 yards before having to stop and rest. Objective findings include: the patient is morbidly obese. She ambulates slowly favoring her lower back and there is a mild limp on the left extremity that she is favoring to the knee. The patient had a right and left total knee replacement in 2002. She ambulates slowly with a walker with a forward flexed position and limping. She is tender in the lumbar spine; range of motion (ROM) is diminished. She is tender in left knee and ROM is diminished. She had decreased strength in quadriceps. Treatment has consisted of MS Contin, Omeprazole, Norco, Ambien, Paxil and Relafen. The patient was ordered a wheel chair, TENS unit and aqua therapy (wheelchair was denied). The utilization review determination was rendered on 4/2/2014 recommending non-certification of MS Contin (dose and quantity not specified), MS Contin 2nd prescription - do not fill until 04/06/13 (dose and quantity not specified, MS Contin 3rd prescription - do not fill until 05/06/14 (dose and quantity not specified) and Omeprazole 20mg/day (dispensed 03/06/14 for 3 month supply) (quantity not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 2nd prescription - do not fill until 04/06/13 (dose and quantity not specified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine sulfate (MS Contin) is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It should also be noted the patient is another opioid medication Norco. While the treating physician does document intensity of pain after taking opioids, pain relief, and increased level of function, the treating physician did not provide specific dosage, quantity of medication and no documentation of weaning and medical necessity for chronic narcotic use. As such the request for MS Contin 2nd prescription - do not fill until 04/06/13 (dose and quantity not specified) is not medically necessary.

MS Contin (dose and quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine sulfate (MS Contin) is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It should also be noted the patient is another opioid medication Norco. While the treating physician does

document intensity of pain after taking opioids, pain relief, and increased level of function, the treating physician did not provide specific dosage, quantity of medication and no documentation of weaning and medical necessity for chronic narcotic use. As such the request for MS Contin is not medically necessary.

MS Contin 3rd prescription - do not fill until 05/06/14 (dose and quantity not specified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine sulfate (MS Contin) is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It should also be noted the patient is another opioid medication Norco. While the treating physician does document intensity of pain after taking opioids, pain relief, and increased level of function, the treating physician did not provide specific dosage, quantity of medication and no documentation of weaning and medical necessity for chronic narcotic use. As such the request for MS Contin 3rd prescription - do not fill until 05/06/14 (dose and quantity not specified) is not medically necessary.

Omeprazole 20mg/day (dispensed 03/06/14 for 3 month supply)(quantity not specified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And Patients at intermediate risk for gastrointestinal events and no

cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg/day (dispensed 03/06/14 for 3 month supply) is not medically necessary.