

Case Number:	CM14-0042119		
Date Assigned:	06/30/2014	Date of Injury:	04/22/1995
Decision Date:	09/16/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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 63 year-old employee with date of injury of 4/22/1995. Medical records indicate the patient is undergoing treatment for spinal stenosis, lumbrosacral spondylosis, small plantar calcaneal enthesophyte and opioid type dependency. He has also had failed lumbar and cervical back surgeries, status-post spinal cord stimulator explant and chronic lumbar radiculopathy. Subjective complaints include leg pain which is rated at 7-9/10. His pain is constant and intermittent and only decreased with medication. He describes his pain as increased by "everything" and is sharp, dull, throbbing, burning, aching with a feeling of electricity, pins and needles. He complains of shortness of breath, wheezing, nausea, headaches, swelling of the extremities (hands and legs), insomnia and chronic urinary problems. He cannot operate a motor vehicle due to his condition and amount of medication that he is prescribed. Objective findings include moderate distress during physical exam and obvious discomfort when changing positions. His affect is flat and speech and memory are slow but appropriate. He has a depressed mood. There is spasm and tenderness along the cervical and lumbar spine with decreased range of motion (ROM). He has mild edema in his lower extremities and he transfers with difficulty. Treatment has consisted of intrathecal pump implant with Morphine Sulfate 0.25003 mg/day; Gabapentin; Ambien; Neurontin; Gralise; Klonopin; Flexeril; Ranitidine; Pristiq; Cymbalta; a trial of Amrix; Tizanidine; MSSR 100mg and MSIR 15mg qid. The plan is for long-term use of the intrathecal pump implant and decrease the opioid medication down to no oral opioids. The utilization review determination was rendered on 3/10/2014 recommending non-certification of MSIR 30mg up to four per day #120 and MSSR 100mg up four per day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Analgesics Page(s): 76-94.

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: MSIR is a pure opioid agonist. Official Disability Guidelines (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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The utilization reviewer on 3/10/14 modified the request, approving only 60 for possible weaning. As such, the request for MSIR 30mg up to four per day #120 is not medically necessary.

MSSR 100mg #120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Analgesic Page(s): 76-94.

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: MSSR is a pure opioid agonist. Official Disability Guidelines (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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or

improved quality of life. The utilization reviewer on 3/10/14 modified the request, approving only 60 for possible weaning. As such, the request for MSSR 100mg up four per day #120 is not medically necessary.