

Case Number:	CM14-0061119		
Date Assigned:	09/10/2014	Date of Injury:	05/06/2009
Decision Date:	10/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice 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:

35 yr. old female claimant sustained a work injury on 5/6/09 involving the neck and back. She was diagnosed with chronic back pain, cervical/thoracic/lumbar disc disease and chronic pain syndrome. A progress note on 5/21/14 indicated the claimant had 5-9/10 pain while on medications. She had been on MSContin 180 mg/ day, MSIR 45 mg daily, SOMA, Flector patches, Motrin and Neurontin. Exam findings were notable for diffuse back pain, reduced range of motion of the spinal column and bilateral positive straight leg raise. The claimant was prescribed and continued on the above medications along with the addition of Zorovolex. A progress note in 6/24/14 indicated no improvement in pain or function and continuation of the above pain regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 30mg #135 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily morphine equivalent recommended is 120 mg. In this case, the claimant had been on a combined dose of 225 mg of morphine daily. In addition, there was no documentation of an opioid agreement. There was no significant improvement in pain or function over time. Additional benefit was only obtained from epidural injections. The claimant had been on morphine like drugs for months. Long-term use of opioids has not been studied. There was likely tolerance developing to the MSContin and continued use is not medically necessary.

Ms Contin 15mg #135 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily morphine equivalent recommended is 120 mg. In this case, the claimant had been on a combined dose of 225 mg of morphine daily. In addition, there was no documentation of an opioid agreement. There was no significant improvement in pain or function over time. Additional benefit was only obtained from epidural injections. The claimant had been on morphine like drugs for months. Long-term use of opioids has not been studied. There was likely tolerance developing to the MSContin and continued use is not medically necessary.

MSIR 15mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily morphine equivalent recommended is 120 mg. In this case, the claimant had been on a combined dose of 225 mg of morphine daily. In addition, there was no documentation of an opioid agreement. There was no significant improvement in pain or function over time. Additional benefit was only obtained from epidural injections. The claimant had been on morphine like drugs for months. Long-term use of opioids has not been studied. There was likely tolerance developing to the MSContin and continued use is not medically necessary.

MSEr 60mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily morphine equivalent recommended is 120 mg. In this case, the claimant had been on a combined dose of 225 mg of morphine daily. In addition, there was no documentation of an opioid agreement. There was no significant improvement in pain or function over time. Additional benefit was only obtained from epidural injections. The claimant had been on morphine like drugs for months. Long-term use of opioids has not been studied. There was likely tolerance developing to the MSContin and continued use is not medically necessary.

Unknown prescription for Flector patch with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Flector is a topical NSAID. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant had been on Flector for months. The claimant had also been on oral NSAIDs. The systemic effect of topical NSAIDs can read the levels of oral NSAIDs. The continued chronic use of Flector is not medically necessary .

Zorvolex 35mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: Zorvolex is an NSAID. The claimant had been on combined NSAIDs (Zorvolex and Motrin). No one NSAID is proven superior to another. According to the MTUS guidelines, NSAIDs are option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. They are recommended as a second-line treatment after acetaminophen. In this case, there was no documentation of Tylenol failure. There was no indication of combination NSAID use with opioids. The use of Zorvolex is not supported in the notes and not medically necessary.

