

Case Number:	CM14-0065287		
Date Assigned:	07/11/2014	Date of Injury:	03/29/2000
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine, 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:

This patient is a 59 year old female employee with date of injury of 3/29/2000. A review of the medical records indicate that the patient is undergoing treatment for lumbago, pain in limb, headaches, myalgia, brachial neuritis, adhesive capsulitis of the shoulder, lumbar disc displacement, knee sprain, and carpal tunnel syndrome. Subjective complaints include headaches but with temporary pain relief from a transforaminal epidural steroidal injection delivered October 2012, increasing low back pain affecting bilateral hip and buttocks radiating to the right thigh, and pain over cervical spine was reported on 2/11/14. Patient's rated pain has improved minimally from 8/10 (3/15/2013) to 7/10 (3/20/2014). Patient reported improvement in pain after epidural steroid injections on 5/21/2014 and 10/25/2012 but reported increasing pain during examinations on 1/14/2014 and 3/20/2014 with difficulty walking and standing, and a hot burning pain affecting the left arm and right leg. Objective findings (1/13/2014) include "tenderness and pain to palpation, limited range of motion (ROM) in low back and legs, CT lumbar spine (L/S) disc degenerated and narrowed, osteopenia + electromyography (EMG), severe LT CTS (8/24/11) +CT C/S, negative CT LT shoulder +CT L/S". Treatment has included Lyrica (unspecified dosage) 4/day #120, Norco 10/325 2-3/day, Soma 350mg 2/day for sleep, Cymbalta 60mg 1/day, Prilosec 20mg 2/day for gastrointestinal (GI) symptoms related to medications, Lidoderm patches (unspecified dosage) for neuropathic and topical pain, and Motrin 800mg for pain. On 4/21/2014, the patient began taking Lidocaine #50 1-2/day, Duloxetine HCL 1-2/day, Oxycodone HCL (unspecified dosage) #30 1/day (3/20/2014 and 4/9/2014), and Meloxicam 7.5mg as an anti-inflammatory. Medical records indicate that the patient has been prescribed Morphine sulfate since at least 10/2013. In addition to the aforementioned epidural steroid injections, a spinal cord stimulator was implanted in lower back

in 2006 for low back and lower extremity pain. The utilization review dated 4/28/2014 non-certified the pharmacy purchase of MSIR 15mg #30 due to lack of documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of MSIR 15mg #30: Upheld

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

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 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. The California 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 pain rating that is reported shows almost no improvement with 8/10 to 7/10 over the course of one year. As such, the request for MSIR 15MG #30 is not medically necessary.