

Case Number:	CM14-0074649		
Date Assigned:	07/16/2014	Date of Injury:	09/10/2010
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 09/10/2010. The mechanism of injury was not provided. On 06/02/2014 the injured worker presented with severe chronic midback pain, left hip, left shoulder, left clavicle and low midback pain. Current medications included Fentora, Linzess, Lorzone, morphine and MS Contin. Upon examination there was ongoing, severe low back pain at the lower T spine and back left leg pain to mid calf. There was midback and shoulder pain, and residual thoracic paraspinal muscle tenderness to the left side with radicular component. He ambulated with the use of a cane, and has both radicular and facet pain in the thoracic and lumbar spine. The diagnoses were lumbosacral spondylosis without myelopathy, degeneration of the lumbar/lumbosacral intervertebral discs, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, spasm of muscle, unspecified myalgia and myositis, closed FX dorsal vertebral without spinal cord injury, closed FX lumbar vertebral without spinal cord injury. Prior urine drug screen was performed on 04/08/2013 with consistent results. The provider recommended MS Contin, morphine sulfate, Lorzone, and Fentora. The provider stated that the injured worker's pain levels were controlled MS Contin and MS-IR are helping at the current regimen, and Fentora is used on an as needed basis for severe pain episodes. The Request for Authorization form was dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg#90: 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 the use opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request of MS Contin 60 mg #90 is not medically necessary and appropriate.

MS-IR (Morphine Sulfate) 30 mg #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 the use opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request of MS-IR (Morphine Sulfate) 30 mg #120 is not medically necessary and appropriate.

Lorzone, 750 mg, #60: 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 non-sedating muscle relaxants with caution as a second line option for short-term of acute exacerbations. They show no benefit beyond NSAIDs in pain overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class can lead to dependence. The efficacy of the prior use of the medication was provided. Additionally, the provider's request does not indicate

the frequency of the medication. As such, the request of Lorzone, 750 mg, #60 is not medically necessary and appropriate.

Fentora, 400 ugm, #28: 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 request for Fentora, 400 ugm, #28 is non-certified. The California MTUS Guidelines recommend the use opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.