

Case Number:	CM14-0087264		
Date Assigned:	07/23/2014	Date of Injury:	03/29/1996
Decision Date:	12/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 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:

The injured worker is a 64-year-old male who reported an injury on 03/29/1996. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar disc disease, thoracic or lumbosacral neuritis or radiculitis unspecified, pain in joint lower leg, sacroiliitis NEC, and post laminectomy lumbar region syndrome. Past medical treatment consists of surgery, the use of a TENS unit, acupuncture, chiropractic therapy, spinal cord stimulator, and medication therapy. Medications consist of Norco 10/325 mg, lidocaine 5%, morphine ER 30 mg, Lunesta 3 mg, Soma 350 mg, and Senna Soft 15 mg. On 03/07/2013, the injured worker underwent a functional restoration assessment. On 04/24/2014, the injured worker complained of mid and low back pain. The physical examination noted that there was swelling with edema of both legs and feet. There was no redness or warmth. On the lumbar spine, there was loss of lordosis. Range of motion was less than 50% of expected. The right low muscles were tense and very tender. The medical treatment plan was for the injured worker to continue with medication therapy. A rationale was not submitted for review. The Request for Authorization form was submitted on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg #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 (Morphine sulfate, MS Contin) Page(s): 78,93.

Decision rationale: The request for morphine ER 30 mg #90 is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was assisting with any functional deficits the injured worker was having. There were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Additionally, there were no UAs or drug screens submitted for review showing that the injured worker was compliant with medication administration. The guidelines also state that cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalence per day. The progress note dated 04/24/2014 indicates that the injured worker was taking Norco 10/325 mg and morphine 30 mg. The total daily dosage exceeds the recommended guidelines of 120 mg total. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Lunesta 3mg #30, Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine-receptor agonists. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): benzodiazepine-receptor agonists

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Lunesta).

Decision rationale: The Official Disability Guidelines state that Lunesta is not recommended for long term use, but recommended for short term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Most guidelines recommend a short term treatment (less than or equal to 4 weeks). Further studies are needed to evaluate the efficacy and safety of treatments for long term treatment of insomnia. The submitted documentation indicates that the injured worker has been on the medication since at least 03/25/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. There was also no indication or evidence showing that the injured worker was suffering from insomnia or sleep deprivation. Furthermore, the request as submitted is for Lunesta 3 mg #30 plus 3 refills, also exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

Soma 350mg #90, Refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 29,65.

Decision rationale: The request for Soma 350 mg #90, refills x3 is not medically necessary. The California MTUS Guidelines state that Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed central acting muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for its sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter the effects of other drugs. The submitted documentation indicates that the injured worker had been prescribed Soma since at least 03/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Furthermore, the request as submitted is for Soma 350 mg #90 with 3 refills, also exceeding the recommended guideline criteria for short term use. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Senna Soft 15mg #60, Refills x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Initiating therapy: Prophylactic treatment of constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Senna-S).

Decision rationale: The ODG recommend opioid induced constipation treatment. On prescribing an opioid, especially if it will be needed for more than a few weeks, there should be an open discussion with the patient that the medication may be constipating, and the first step should be to identify and correct it. Simple treatments including increasing physical therapy, maintaining hydration by drinking enough water, and advising the patient to follow-up a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and increase water content in the stool. It was noted in the documentation that the injured worker had been on Senna since at least 03/2014. However, there was no documented evidence showing that the Senna was helping with any signs of constipation the injured worker had. Additionally, it was not noted whether the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Given the above, the injured worker is not within the ODG recommended criteria. As such, the request is not medically necessary.