

Case Number:	CM14-0089918		
Date Assigned:	07/23/2014	Date of Injury:	07/07/2004
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 and 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 57-year-old male who reported an unknown injury on 07/07/2004. On 05/02/2014, his complaints included lower back pain; he said it felt like he was being beat with a hammer. His pain was alleviated by chiropractic treatment, rest, ice, heat application and narcotic pain management. His pain is aggravated by prolonged sitting, walking and standing. He reported severe constipation from his medications. It was so severe, that he had been hospitalized on 2 separate occasions for constipation. His diagnoses include lumbar radiculopathy, history of lumbosacral laminectomy, hypertension, depression, anxiety disorder, other acute reactions to stress, adverse effects from his medications, lumbago and thoracic/lumbosacral neuritis/radiculitis. His medications included Morphine Sulfate 30 mg, Norco 10/325 mg, Baclofen 10 mg, Ambien CR 12.5 mg, Nabumetone 500 mg, Desipramine 100 mg, Amitriptyline 100 mg, Amitiza 24 mcg, Klonopin 2 mg, Senna 8.6-50 mg and Docusate 100 mg. The Norco and Morphine Sulfate were being prescribed for pain and the baclofen for his spasms. Requests for Authorization dated 03/11/2014 were included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tabs every 6 hours as needed qty 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg 1 to 2 tabs every 6 hours as needed quantity 720 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use include documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and 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 decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Opioids should not be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious but limited to short term pain relief. In most cases, analgesic treatments should begin with Acetaminophen, Aspirin or NSAIDS. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, failed trials of NSAIDS or Aspirin, quantified efficacy, drug screens or collateral contacts. Severe constipation requiring hospitalization as an adverse effect was documented. Since this worker is taking more than 1 opioid medication on an as needed basis, morphine equivalency dosage cannot be calculated. The clinical information submitted fails to meet the evidence-based guidelines for continued use of opioids. Therefore, this request for Norco 10/325 mg 1 to 2 tabs every 6 hours as needed quantity 720 is not medically necessary.

Morphine Sulfate 30mg every 4 hours as needed qty 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Morphine Sulfate 30 mg every 4 hours as needed qty 180.00 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and 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 decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Opioids should not be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious but limited to short term pain relief. In most cases, analgesic treatments should begin with Acetaminophen, Aspirin or NSAIDS. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, failed trials of NSAIDS or Aspirin, quantified efficacy, drug screens or collateral contacts. Severe constipation requiring hospitalization as an adverse effect was documented. Since this

worker is taking more than 1 opioid medication on an as needed basis, morphine equivalency dosage cannot be calculated. The clinical information submitted fails to meet the evidence-based guidelines for continued use of opioids. Therefore, this request for morphine sulfate 30 mg every 4 hours as needed qty 180.00 is not medically necessary.

Baclofen 10mg every 12 hours as needed qty 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The request for baclofen 10 mg every 12 hours as needed quantity 240 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDS. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Decisions are based on evidence-based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. The documentation does not identify any specific significant functional or vocational benefit with the use of baclofen. The length of time this worker has been using Baclofen exceeds the guidelines short term use specification. Therefore, the request for Baclofen 10 mg every 12 hours as needed quantity 240 is not medically necessary.