

Case Number:	CM14-0189146		
Date Assigned:	11/20/2014	Date of Injury:	03/12/2007
Decision Date:	01/08/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 03/12/2007. The listed diagnoses are: 1. Status post anterior lumbar interbody fusion at L3 to L4 and L4 to L5 with solid fusion; 2. Chronic pain syndrome. According to progress report 08/08/2014, the patient is almost 3 years status post anterior lumbar fusion and presents with increasing low back pain and bilateral leg pain. Patient also reports numbness, tingling, and burning down both legs. Treating physician states the patient is followed by a pain management specialist who treats her with pain medications including Neurontin, morphine, and Norco. Examination revealed 1+ lumbar paraspinal muscle spasm and tenderness to palpation along these muscles. She has a negative straight leg raise bilaterally and motor strength is 5/5 in all muscle groups. She has hypersensitivity to all dermatomes of the bilateral lower extremities. Progress report 06/10/2014, by pain management specialist indicates the patient has increased insomnia due to pain and continued hypersensitivity on the top of the feet. Current medications include Norco for breakthrough pain, gabapentin for neuropathic pain, and Laxacin for medication-induced constipation. The patient was previously utilizing trazodone at bedtime with some side effects including itching. The request is for refill of Laxacin and a trial of morphine ER 15 mg. Utilization review denied the request on 10/06/2014. The medical file provided for review includes 2 progress reports dated 08/08/2014 and 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic low back pain with radicular symptoms to the bilateral lower extremities. The current request is for Morphine ER 15 mg #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. According to progress report dated 06/10/2014, the patient was recommended for a trial of morphine ER 15 mg q. 12 h. for baseline pain relief. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met, a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. Furthermore, the treating physician states the patient has been utilizing Norco on a long-term basis with "greater than 40% improvement in her function" and continued decrease in pain. There is no rationale provided for adding Morphine to the patient's medication regimen. Recommendation is that the request is not medically necessary.

Laxacin 50/8.6 mg #200: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The MTUS Guidelines page 76 through 78 discusses prophylactic medication for constipation when opiates are used. In this case, the medical records indicate the patient has been taking the opiate Norco on a long-term basis. The requested Laxacin is medically necessary, and recommendation is that it is medically necessary.