MAXIMUS Federal Services

Case Number:	CM14-0191277		
Date Assigned:	11/25/2014	Date of Injury:	03/25/2006
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

Injured worker is a 47 year old female with date of injury 03/25/06. The mechanism of injury due to lifting totes. Per record, current diagnosis for the back are failed back surgery syndrome lumbar neuropathy, severe intractable left L5-S1 neuritis, lumbar degenerative disc disease, bilateral sacroiliac joint pain, and opioid dependence. Claimant with history of CVA, Coronary artery disease/congestive heart failure, EF 20% with an implanted defibrillator, and Diabetes Mellitus ll. Past medical treatment included a psychological consultation date 06/13/14, it was completed for a spinal cord stimulator implant. Other previous treatments include pain management consultation, sleep study, and trigger point injection, diagnostics, and laminectomy/fusion in 2011. This request is for Prilosec 20 mg #60, unspecified topical analgesics cream, 20% three (3) creams, and Morphine ER100mg # 90 and Morphine 30 mg #180. Per medical record submitted on prior review, the request for Prilosec 20 mg #60 was deemed as medically necessary but modified to #30. Documented objective evidence of derived functional improvement and clear rationale for the specified extension is not noted. The medical necessity request is for topical analgesic creams 20% three was not established. The medical necessity for the continued use of Morphine ER 100 mg and Morphine 30mg #180 was not established. The request for Morphine ER 100 mg #90 was modified to initiate a weaning process. There is no evidence in the medical record submitted for review that indicates opioid weaning is in progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risk Page(s): 68.

Decision rationale: The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 2. History of peptic ulcer, GI bleeding or perforation; 3. Concurrent use of ASA, corticosteroids and/or an anticoagulant; or 4. High dose/multiple NSAID usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event and the request is not reasonable. Therefore the request is not medically necessary.

Unspecified topical analgesics creams, 20% three (3) creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.

Morphine ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the

medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore the request is not medically necessary.

Morphine 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore the request is not medically necessary.