

Case Number:	CM14-0191556		
Date Assigned:	11/25/2014	Date of Injury:	05/10/2000
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
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 Pain Management 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:

This 64 year-old patient sustained an injury on 5/10/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of MS Contin 60mg, #90 and 1 prescription of Quinine Sulfate 325mg, #30. Diagnoses include Lumbar disc displacement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/20/14 from the provider noted the patient with severe back pain radiating down left leg rated at 10/10 with medications decreased to 4/10. The patient is noted to have 50% reduction in pain and improved function with medications. Exam showed unchanged limited lumbar range; positive bilateral SLR at 80 degrees with radiation to left buttock and posterior thigh; lumbar muscle spasm; altered diffuse sensory loss at left lateral calf and foot with diffuse motor 4/5 weakness in left leg. The request(s) for 1 prescription of MS Contin 60mg was modified for weaning #90 and 1 prescription of Quinine Sulfate 325mg, #30 was non-certified on 11/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of MS Contin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 64 year-old patient sustained an injury on 5/10/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of MS Contin 60mg, #90 and 1 prescription of Quinine Sulfate 325mg, #30. Diagnoses include Lumbar disc displacement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/20/14 from the provider noted the patient with severe back pain radiating down left leg rated at 10/10 with medications decreased to 4/10. The patient is noted to have 50% reduction in pain and improved function with medications. Exam showed unchanged limited lumbar range; positive bilateral SLR at 80 degrees with radiation to left buttock and posterior thigh; lumbar muscle spasm; altered diffuse sensory loss at left lateral calf and foot with diffuse motor 4/5 weakness in left leg. The request(s) for 1 prescription of MS Contin 60mg was modified for weaning #90 and 1 prescription of Quinine Sulfate 325mg, #30 was non-certified on 11/5/14. Pain symptoms and clinical findings remain unchanged for this chronic injury. The patient is prescribed high dose above guidelines recommended 120 MED with ongoing MS Contin along with Oxycodone with continued severe pain level. The opiates were recommended for weanign since October 2014 review; however, without change in dosing. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The 1 prescription of MS Contin 60mg, #90 is not medically necessary and appropriate.

One prescription of Quinine Sulfate 325mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katzburg HD, Khan AH, So YT. Assessment: symptomatic treatment for muscle cramps (an evidence-based review): report of the Therapeutic and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. 2010 Feb 23; 74(8):691-6

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Clearinghouse: Assessment: Symptomatic treatment for muscle cramps (an evidence-based review). Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Bibliographic Source(s) Katzberg HD, Khan AH, So

YT. Assessment: symptomatic treatment for muscle cramps (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee o

Decision rationale: This 64 year-old patient sustained an injury on 5/10/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of MS Contin 60mg, #90 and 1 prescription of Quinine Sulfate 325mg, #30. Diagnoses include Lumbar disc displacement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/20/14 from the provider noted the patient with severe back pain radiating down left leg rated at 10/10 with medications decreased to 4/10. The patient is noted to have 50% reduction in pain and improved function with medications. Exam showed unchanged limited lumbar range; positive bilateral SLR at 80 degrees with radiation to left buttock and posterior thigh; lumbar muscle spasm; altered diffuse sensory loss at left lateral calf and foot with diffuse motor 4/5 weakness in left leg. The request(s) for 1 prescription of MS Contin 60mg was modified for weaning #90 and 1 prescription of Quinine Sulfate 325mg, #30 was non-certified on 11/5/14. MTUS/ODG guidelines are silent on the use of Quinine for use in muscle cramps. Quinine sulfate is an antimalarial drug and is indicated only for treatment of uncomplicated Plasmodium falciparum malaria. Review of literature indicates Quinine derivatives should be avoided for routine use in the management of muscle cramps because of the potential for toxicity. On the basis of data from 2 Class I studies, quinine derivatives may be effective in reducing the frequency of muscle cramps; however, the magnitude of benefit is minimal without long-term efficacy. Moreover, these agents are associated with serious though uncommon side effects of hematologic abnormalities such as hemolytic uremic syndrome-thrombotic thrombocytopenia purpura, disseminated intravascular coagulation, and bleeding diathesis. These agents should only be used after informing the patient of the potentially serious side effects and after noted failed trials of first-line medications not demonstrated here. Submitted reports has not identified extenuating circumstances or failed conservative treatment to support its use. The 1 prescription of Quinine Sulfate 325mg, #30 is not medically necessary and appropriate.