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| Case Number: | CM14-0201723 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 04/01/1997 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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 Preventive Medicine and is licensed to practice in Indiana. 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 was a 66 year old male, who was injured on the job. The injured worker sustained a traumatic injury to the lumbar spine. According to the progress note of September 17, 2014, the injured worker was taking ambien, duloxetine, flovent, hydrocodone and omeprazole. The progress note of May 28, 2014, the injured worker was also taking Cymbalta, which was not on the medication list of September 17, 2014. The injured worker was diagnosed with lumbar radiculopathy and chronic pain syndrome. The injured worker had two back surgeries in 2001. The injured workers pain level was 5-7/10 interfering with sleep; 0 being no pain 10 being the worse pain. According to the progress note the injured workers pain medications have not been covered for two months. The injured worker has been paying for the pain medications. The injured worker has been compliant with urine toxicity screening and results have been appropriate. The documentation submitted for review failed to support the injured worker was taking or changed to Levorphanol for pain management. On November 19, 2014, the UR denied authorization for Levorphanol 2mg tabs 1 tablet daily #33, due to the MTUS and ODG guidelines for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg tabs 1 tab daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks," and "routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Levorphanol for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "if there is no overall improvement in function, unless there are extenuating circumstances." The treating physician does document some pain level improvement but does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Levorphanol 2mg #30 is not medically necessary.