

Case Number:	CM15-0101059		
Date Assigned:	06/03/2015	Date of Injury:	08/11/1998
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 8/11/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc herniation. Treatment to date has included diagnostics, lumbar spinal surgery in 4/2011, and medications. Currently, the injured worker was seen for a longstanding history of ongoing back pain and foot pain. Medications were documented to produce overall pain relief of 50%, providing an increase in her functionality and activities of daily living. She was documented as stable and in compliance. Her medical history included chronic depression and anxiety. Physical exam noted that she was alert and oriented in appearance, had a normal cardiovascular exam, a clear chest, and a soft and non-tender abdomen. The treatment plan included continued medications (Dilaudid, Soma, MS Contin). A prior progress report (2/25/2015) noted that she used these medications for years without signs of misuse or addiction. Urine toxicology reports were not submitted and it appeared as though opioid medications were prescribed by different providers. The progress reports supported worsening pain, despite continued medications. Her work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, 1 tablet as needed every 6 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, (4) On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Dilaudid for years without evidence of abuse. Her medications have been prescribed by multiple providers. She does report pain relief of greater than 50% and reports functional improvement but the documentation does not provide specific examples or objective findings that support functional improvement. It is noted that the injured worker is being prescribed another opioid (Norco) from a different provider. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Dilaudid 4mg, 1 tablet as needed every 6 hours, #120 is not medically necessary.

Soma 350mg, 1 tablet as needed 1 time per day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section Weaning of Medications Section Page(s): 29.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. It is considered a second-line agent. There is no evidence that a first-line agent has been attempted with the injured worker. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg, 1 tablet as needed 1 time per day, #30 is not medically necessary.

MS (morphine sulfate) Contin extended release 15mg, 1 tablet every 8 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, (4) On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Weaning of Medication Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin for years without evidence of abuse. Her medications have been prescribed by multiple providers. She does report pain relief of greater than 50% and reports functional improvement but the documentation does not provide specific examples or objective findings that indicate functional improvement. It is noted that the injured worker is being prescribed another opioid (Norco) from a different provider. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS (morphine sulfate) Contin extended release 15mg, 1 tablet every 8 hours, #90 is not medically necessary.