

Case Number:	CM15-0103668		
Date Assigned:	06/08/2015	Date of Injury:	02/12/1999
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 02/12/1999. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; spasm of muscle myalgia and myositis; and postlaminectomy syndrome, lumbar. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Hydrocodone/Acetaminophen, Morphine ER, and Tizanidine. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; no significant changes; pain is rated at 7/10 on the pain scale with medications; pain is rated at 8/10 on the pain scale without medications; and he continues to work full-time. Objective findings included antalgic gait; pain and difficulty with transfers from sitting to standing; decreased lumbar range of motion for flexion and extension; and paraspinous muscle tenderness without spasm. The treatment plan has included the request for Hydrocodone-Acetaminophen 10/325 mg #180; and Morphine 60 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function, pain reduction, and lack of aberrant behaviors were noted in a progress note dated 3/23/15, and similar benefits of opioids were noted in January 2015 as well. The patient did not report any side effects, and periodic urine drug testing was reported to be consistent (last one done on March 23, 2015 was positive for hydrocodone and morphine as expected. The provider attempts to quantify the functional improvement using a pain disability index scale, which indicates that medications are helping in this regard despite the required daily dosage of over 120mg of oral morphine equivalents. This request is medically necessary.

Morphine 60 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function, pain reduction, and lack of aberrant behaviors were noted in a progress note dated 3/23/15, and similar benefits of opioids were noted in January 2015 as well. The patient did not report any

side effects, and periodic urine drug testing was reported to be consistent (last one done on March 23, 2015 was positive for hydrocodone and morphine as expected. The provider attempts to quantify the functional improvement using a pain disability index scale, which indicates that medications are helping in this regard despite the required daily dosage of over 120mg of oral morphine equivalents (when combining the morphine and the hydrocodone together). This request is medically necessary.