

<b>Case Number:</b>	CM15-0017759		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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

### 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 a work related injury on August 11, 1998. She sustained back injuries in an industrial injury. Diagnoses include lumbar disc herniation, lumbar radicular pain and spondylosis. She underwent a lumbar laminectomy. Treatment consisted of pain medications, home exercise program and restricted activity. Currently, in September, 2014, the injured worker reported complaints of back pain and foot pain. On December 31, 2014, a request for a prescription of Dilaudid 4mg tablet refill four weeks; a prescription for Morphine Sulfate 15 mg tablet extended release 12 hour one tablet every 8 hours, renew times four weeks and a prescription for Soma 350 mg tablet, one tablet daily renew times four weeks was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines and a request for a follow up visit times three was modified to only one visit by Utilization Review, noting Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 mg renew times four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 08/11/98 and presents with back pain and foot pain. The request is for Dilaudid 4 mg renew times four weeks. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 03/27/13. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Dilaudid IS NOT medically necessary.

**Morphine Sulfate 15mg tablet ER 12 hour one tablet every 8 hours, renew times four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 08/11/98 and presents with back pain and foot pain. The request is for Morphine Sulfate 15 mg tablet ER 12 hour one tablet every 8 hours/renew four weeks. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 03/27/13. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not

provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Morphine Sulfate IS NOT medically necessary.

**Soma 350mg one tablet once a day renew times four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 08/11/98 and presents with back pain and foot pain. The request is for Soma 350 mg one tablet once a day renew times four weeks. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 09/10/14. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3-week period." This has been noted for sedative and relaxant effects. The patient has a slow guarded gait and walks with a cane. She has a positive straight leg raise. She has undergone different modalities of treatment including discectomy and interventional. Diagnoses include lumbar disc herniation, lumbar radicular pain and spondylosis. She underwent a lumbar laminectomy. There is no mention of the patient having any spasm. MTUS recommends the requested Soma only for a short period of time. Soma has been prescribed since 09/10/14. This exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.

**Follow-up office visit times 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 08/11/98 and presents with back pain and foot pain. The request is for follow-up office visit times 3. The RFA is dated 02/23/15 and the patient is permanent and stationary. ACOEM Practice Guidelines Second Edition (2004) page 127 state the following, "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has a slow guarded gait and walks with a cane. She has a positive straight leg raise. She has undergone different modalities of treatment including discectomy and interventional. Diagnoses include lumbar disc herniation, lumbar radicular pain and spondylosis. She underwent a lumbar laminectomy. The reason for the request is not provided and there is no discussion provided regarding why the patient needs 3 follow-up visits. There is no indication that the patient is planning on having any surgery. Due to lack of discussion, the requested follow-up office visit IS NOT medically necessary.

