

Case Number:	CM15-0136074		
Date Assigned:	07/24/2015	Date of Injury:	12/12/2006
Decision Date:	09/25/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

This 48 year old woman sustained an industrial injury on 12/12/2006. The mechanism of injury is not detailed. Diagnoses include status post lumbar fusion, lumbar discopathy with disc displacement, lumbar radiculopathy, and right sacroiliac arthropathy. Treatment has included oral medications and surgical intervention. Physician notes dated 5/20/2015 show complaints of residual sacroiliac joint pain. There were objective findings of positive FABERE / Patrick's test and positive straight leg raising tests. The sensation was decrease over the right S1 dermatome. Recommendations include compounded topical creams, Nalfon, Paxil, Prilosec, Ultram, Morphine Sulfate, Norco, brain MRI, pain management consultation, urine drug screen, and follow up in six weeks. The other medications listed are Prilosec, Restoril, Prilosec and Ultram. The 1/12/2015 UDS was noted to be positive methadone and benzodiazepine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the treatment of chronic musculoskeletal pain and co-existing psychiatric conditions. The presence of untreated psychiatric conditions can be associated with decreased compliance and efficacy of pain medications, intervention procedures, PT and surgery. The records indicate that utilization of Paxil is effective for the control of the psychiatric symptoms. There is no reported adverse medication effect. The criteria for the use of Paxil 20mg #60 was met and therefore is not medically necessary.

Ultram ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedative medications. These complications are significantly increased when high doses of opioids are combined with psychiatric medications. The records indicate that the patient is utilizing multiple high dose opioids with benzodiazepines and psychiatric medications. There is lack of sustained pain relief or functional restoration indicating development of opioid induced hyperalgesia. There is no documentation of CURESS data report but the urine UDS showed the presence of methadone but not prescribed opioids indicating possible inconsistencies. The guidelines recommend that chronic pain patients who are utilizing high doses of opioids with psychiatric medications be referred to Chronic Pain Programs or Addiction Centers for safe weaning protocol. The criteria for the use of Ultram ER 150mg #90 was not met and therefore is not medically necessary.

Morphine Sulfate 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedative medications. These complications are significantly increased when high doses of opioids are combined with

psychiatric medications. The records indicate that the patient is utilizing multiple high dose opioids with benzodiazepines and psychiatric medications. There is lack of sustained pain relief or functional restoration indicating development of opioid induced hyperalgesia. There is no documentation of CURESS data report but the urine UDS showed the presence of methadone but not prescribed opioids indicating possible inconsistencies. The guidelines recommend that chronic pain patients who are utilizing high doses of opioids with psychiatric medications be referred to Chronic Pain Programs or Addiction Centers for safe weaning protocol. The criteria for the use of Morphine Sulfate 15mg #60 was not met and therefore is not medically necessary.

Norco 10/325 mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of high dose opioid can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedative medications. These complications are significantly increased when high doses of opioids are combined with psychiatric medications. The records indicate that the patient is utilizing multiple high dose opioids with benzodiazepines and psychiatric medications. There is lack of sustained pain relief or functional restoration indicating development of opioid induced hyperalgesia. There is no documentation of CURESS data report but the urine UDS showed the presence of methadone but not prescribed opioids indicating possible inconsistencies. The guidelines recommend that chronic pain patients who are utilizing high doses of opioids with psychiatric medications be referred to Chronic Pain Programs or Addiction Centers for safe weaning protocol. The criteria for the use of Norco 10/325mg #140 was not met and therefore is not medically necessary.