

Case Number:	CM15-0136510		
Date Assigned:	07/30/2015	Date of Injury:	06/17/2011
Decision Date:	09/29/2015	UR Denial Date:	06/17/2015
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: New York, California

Certification(s)/Specialty: Emergency 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 52 year old female who sustained an industrial injury on 06-17-2011. Current diagnoses include chronic pain syndrome, back pain-lumbar with radiculopathy, degenerative disc disease-lumbar spine, scoliosis-idiopathic, depression-chronic, anxiety, and insomnia chronic. Previous treatments included medications, psychological-psychiatric evaluation and treatment, home exercise program, and lumbar epidural injections. Initial injuries occurred after slipping and falling and landing on her buttocks and lower back. Report dated 06-10-2015 noted that the injured worker presented for medication maintenance. The physician noted that the injured worker has experienced severe withdrawal symptoms from abruptly stopping her medications. The injured worker complains of bilateral legs, bilateral buttocks, bilateral hips, bilateral low back, and groin. Pain level was 7 (least pain), 8 (worst pain), and 10 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the torso, worsened and reproducible axial low back pain with rotation and hyperextension of torso, and pain over lumbar facets, L4, L5, and S1 bilaterally. The treatment plan included reviewing and refilling medications, ordered laboratory evaluations and urine drug screening, encouraged to continue activities as tolerated, aqua therapy or walk for exercise, and stretch daily to help minimize pain, follow up with PCP for any medical concerns, and return in 30 days or sooner. Medical records submitted indicate that the injured worker has been prescribed morphine sulfate ER, Norco, Ambien, and clonazepam since at least 12/17/2014. Disputed treatments include morphine sulfate ER, Norco, Ambien, and clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to California MTUS guidelines recommend, "Morphine sulfate ER is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker has been seen monthly and there has been no change in dosage or frequency. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Morphine sulfate ER 60mg #60 is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities

of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker has been seen monthly and there has been no change in dosage or frequency. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The request for Norco10/325mg #240 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The California MTUS does not address Ambien. The Official Disability Guidelines (ODG) state that Ambien (zolpidem) is approved for short term use, usually 2-6 weeks, treatment of insomnia, and should be used for only a short period of time. The medical records submitted supports that the injured worker has been using Ambien long-term since 12/17/2014. The ODG states that Ambien should be used for only a short period of time. Therefore the request for Ambien 10mg #30 is not medically necessary.

Clonazepam 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of benzodiazepines. They are not recommended for long term use as the efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Clonazepam (Klonopin) is used to treats seizures, panic disorder, and anxiety. The injured worker has been prescribed clonazepam since at least 12/17/2014, guidelines do not support long-term use. Therefore the request for clonazepam 1mg #90 is not medically necessary.