

Case Number:	CM15-0143539		
Date Assigned:	08/04/2015	Date of Injury:	11/12/2005
Decision Date:	09/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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 65-year-old male, who sustained an industrial injury on 11-12-05. The injured worker has complaints of muscle aches, arthralgias, joint pain and back pain. The documentation noted no contractures, malalignment, or bony abnormalities and tenderness and limited range of motion to cervical and lumbar spine. The diagnoses have included chronic pain; abnormal involuntary movements and anxiety. Treatment to date has included hydrocodone-acetaminophen; lorazepam; lyrica; morphine ER; soma and back surgery 2007. The request was for morphine ER 30mg quantity 90.00; norco 10/325mg quantity 90.00; soma 450mg quantity 90.00 with refills 2 and lorazepam 2mg quantity 60.00 refills 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 65-year-old patient presents with lower back pain, back muscle spasms, peripheral nerve disease, chronic pain, neuropathy, insomnia, anxiety and herpes labialis, as per progress report dated 06/09/15. The request is for Morphine ER 30mg QTY: 90.00. The RFA for the case is dated 06/09/15, and the patient's date of injury is 11/12/05. Diagnoses, as per progress report dated 06/09/15, included chronic pain, spasms and anxiety. The patient is status post neck surgery in 2000, status post lower back surgery in 2007, status post knee surgery in 1990, status post shoulder surgery in 1973, and status post hernia repair in 1951. Current medications included Amlodipine, Benazepril, Cymbalta, Hydrocodone, Lorazepam, Lyrica, Morphine, Prilosec, Soma, and Valacyclovir. The progress reports do not document the patient's work status. 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 4A'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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Morphine is first mentioned in progress report dated 04/07/15. Prior progress reports document the use of Hydrocodone, thereby indicating that the patient has been taking opioids for several months. In progress report dated 06/09/15, the treater states that the patient's ADLs improve with medications and the "current regimen is effective for management of his/her chronic pain." There are no "intolerable" side effects due to medications. The treater, however, does not document change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No UDS or CURES reports are available for review. MTUS requires a clear documentation regarding impact of Morphine with respect to 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of relevant documentation, the request is not medically necessary.

Norco 10/325mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The 65-year-old patient presents with lower back pain, back muscle spasms, peripheral nerve disease, chronic pain, neuropathy, insomnia, anxiety and herpes labialis, as per progress report dated 06/09/15. The request is for Norco 10/325mg QTY: 90.00. The RFA for the case is dated 06/09/15, and the patient's date of injury is 11/12/05. Diagnoses, as per progress report dated 06/09/15, included chronic pain, spasms and anxiety. The patient is status post neck surgery in 2000, status post lower back surgery in 2007, status post knee surgery in 1990, status post shoulder surgery in 1973, and status post hernia repair in 1951. Current medications included Amlodipine, Benazepril, Cymbalta, Hydrocodone, Lorazepam, Lyrica, Morphine, Prilosec, Soma, and Valacyclovir. The progress reports do not document the patient's work status. 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 4A'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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Hydrocodone is first noted in progress report dated 10/01/14, thereby indicating that the patient has been taking opioids for several months. In progress report dated 06/09/15, the treater states that the patient's ADLs improve with medications and the "current regimen is effective for management of his/her chronic pain." There are no "intolerable" side effects due to medications. The treater, however, does not document change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No UDS or CURES reports are available for review. MTUS requires a clear documentation regarding impact of Norco with respect to 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of relevant documentation, the request is not medically necessary.

Soma 450mg Qty: 90.00 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: The 65-year-old patient presents with lower back pain, back muscle spasms, peripheral nerve disease, chronic pain, neuropathy, insomnia, anxiety and herpes labialis, as per progress report dated 06/09/15. The request is for Soma 450mg QTY: 90.00. The RFA for the case is dated 06/09/15, and the patient's date of injury is 11/12/05. Diagnoses, as per progress report dated 06/09/15, included chronic pain, spasms and anxiety. The patient is status post neck surgery in 2000, status post lower back surgery in 2007, status post knee surgery in 1990, status post shoulder surgery in 1973, and status post hernia repair in 1951. Current medications included Amlodipine, Benazepril, Cymbalta, Hydrocodone, Lorazepam, Lyrica, Morphine, Prilosec, Soma, and Valacyclovir. The progress reports do not document the patient's work status. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, Soma was first prescribed on 07/09/14, as per progress report dated 10/01/14. The patient has been taking the medication consistently at least since then. While the treater does not document efficacy of Soma specifically, progress report dated 06/09/15, states that the patient's ADLs improve with medications and the "current regimen is effective for management of his/her chronic pain." There are no "intolerable" side effects due to medications. Nonetheless, MTUS does not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request is not medically necessary.

Lorazepam 2mg Qty: 60.00 Refills 2: 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): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter under Benzodiazepine.

Decision rationale: The 65-year-old patient presents with lower back pain, back muscle spasms, peripheral nerve disease, chronic pain, neuropathy, insomnia, anxiety and herpes labialis, as per progress report dated 06/09/15. The request is for Lorazepam 2mg QTY: 60.00 Refills 2. The RFA for the case is dated 06/09/15, and the patient's date of injury is 11/12/05. Diagnoses, as per progress report dated 06/09/15, included chronic pain, spasms and anxiety. The patient is status post neck surgery in 2000, status post lower back surgery in 2007, status post knee surgery in 1990, status post shoulder surgery in 1973, and status post hernia repair in 1951. Current medications included Amlodipine, Benazepril, Cymbalta, Hydrocodone, Lorazepam, Lyrica, Morphine, Prilosec, Soma, and Valacyclovir. The progress reports do not document the patient's work status. ODG guidelines, 'Pain (chronic)' under 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a trial of Lorazepam for insomnia was started during 04/07/15 visit. As per the progress report, the patient's Ambien was discontinued at this time. The treater does not explain the reason for this switch. The patient has been using the medication since then but the treater does not discuss its efficacy. None nonetheless, it is evident that the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. This request for # 60 with 2 refills is not medically necessary.