MAXIMUS Federal Services

Case Number:	CM15-0163362		
Date Assigned:	08/31/2015	Date of Injury:	03/27/2004
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts
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 43 year old female, who sustained an industrial injury on 3-27-04. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker was seen in this office as a follow-up visit. She complains of back pain radiating from low back to both legs. Her pain level is documented as decreased since last visit with no new problems or side-effects. Her quality of sleep is reports as "fair". She reports her activity level has increased and her medications are working well with no side-effects. She also reports her bilateral radiculopathy pain is 5 out of 10 post lumbar epidural steroid injection of 7-7-15 which is reports better than 8 out of 10 prior. The provider documents her axial pain is still present and 8 out of 10. She reports to the provider "Her car got broken into and some of her narcotic medications were stolen; she did not fill a police report because she was at a National Park." Her current medications are listed by the provider as: Lidoderm 5% patch, Oxycodone-APAP, MS Contin 15mg, MC Contin CR 30mg, Lyrica 50mg, Flexeril 10mg, Lisinopril hydrochlorothiazide 10-12.5mg; Prednisone 20mg, Effexor XR 75mg, Trazadone 150mg. On physical examination, the provider documents she has a global antalgic gait and does not use any assistive devices. Her cervical spine range of motion is notes as restricted with flexion limited to 45 degrees due to pain, lateral rotation left and right is limited to 45 degrees due to pain. She has normal extension, right lateral and left lateral bending. The paravertebral muscles note spasm, tenderness, tight muscle band and trigger point on both sides. Tenderness is noted at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver causes pain in the muscles

of the neck but no radicular symptoms. All upper limb reflexes are equal and symmetric. The lumbar spine examination is documented noting a surgical scar. Range of motion is restricted with flexion limited to 65 degrees due to pain; extension limited to 5 degrees due to pain, right and left lateral bending is limited to 10 degrees by pain. On palpation, the provider notes paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point is noted on both sides. The spinous process tenderness is reports on L2, L3, and L4. She is unable to heel-toe walk. He documents lumbar facet loading is positive on both sides and straight leg raising test is positive on the right in sitting at 50 degrees. All lower extremity reflexes are equal and symmetric with tenderness over the bilateral flanks. Her motor testing is reported as limited by pain and light touch sensory exam is decreased over the middle finger, little finger on both sides and right L5 dermatome. The provider documents the MS Contin for baseline pain control and Oxycodone as needed for breakthrough pain and the combination of medications reduce her pain from 7 out of 10 to 2-3 out of 10. The provider 's treatment plan recommends continuation of medications and request bilateral L3, L4, L4, L5 medial branch block due to MRI shows facet arthropathy at those levels and she has axial pain limiting back and lateral bending with +facet loading on physical examination. The PR-2 notes dated 2-10-15 and 2-23-15 indicated the 2-10-15 CURES is appropriate and consistent since last check. The 1-14-15 CURES report showed the injured worker got #30 Percocet from a different provider on 12-17-14 and advised by the provider she should not do this in the future. The pain agreement was "briefly reviewed with the patient." He notes she does meet the criteria for ACOEM Guidelines and the current medication regimen is continued. A Request for Authorization is dated 8-20-15. A Utilization Review letter is dated 8-19-15 and non-certification was for POS RFA Morphine Sul tab 15mg ER day supply: 30 QTY: 30 with no refills; Morphine Sul tab 30mg ER day supply: 30 QTY: 60 with no refills and Oxycod/APAP tab 10-325mg, day supply: 30 QTY: 90 with no refills. The Utilization Review letter states "given the claimants reports of minimal pain relief, despite high MED with combined medications, the UDS reports are not provided to identify compliance, as such, the medical necessity of this request has not been established. However, due to the nature of the drug, weaning is recommended." The provider is requesting authorization of POS RFA Morphine Sul tab 15mg ER day supply: 30 QTY: 30 with no refills; Morphine Sul tab 30mg ER day supply: 30 QTY: 60 with no refills and Oxycod/APAP tab 10-325mg, day supply: 30 QTY: 90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Morphine Sul tab 15mg ER day supply: 30 QTY: 30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for neck and low back pain. Diagnoses include lumbar post laminectomy syndrome. Medications are referenced as decreasing pain from 7/10 to 2-3/10 and

allowing for independence with activities of daily living and providing improved sleep. When seen, her BMI was over 37. There was decreased and painful cervical and lumbar spine range of motion with muscle spasms and tenderness and trigger points were present. There was rhomboid and trapezius muscle tenderness. There was neck pain with Spurling's testing. There was lumbar spinous process tenderness with positive facet loading and positive straight leg raising. MS Contin, MSIR, and Percocet were prescribed at a total MED (morphine equivalent dose) of 135 mg per day. The dose being prescribed has been unchanged since at least February 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication appears to be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done with dosing unchanged for at least 6 months. Ongoing prescribing at this dose is not medically necessary.

Morphine Sul tab 30mg ER day supply: 30 QTY: 60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for neck and low back pain. Diagnoses include lumbar post laminectomy syndrome. Medications are referenced as decreasing pain from 7/10 to 2-3/10 and allowing for independence with activities of daily living and providing improved sleep. When seen, her BMI was over 37. There was decreased and painful cervical and lumbar spine range of motion with muscle spasms and tenderness and trigger points were present. There was rhomboid and trapezius muscle tenderness. There was neck pain with Spurling's testing. There was lumbar spinous process tenderness with positive facet loading and positive straight leg raising. MS Contin, MSIR, and Percocet were prescribed at a total MED (morphine equivalent dose) of 135 mg per day. The dose being prescribed has been unchanged since at least February 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication appears to be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done with dosing unchanged for at least 6 months. Ongoing prescribing at this dose is not medically necessary.

Oxycod/APAP tab 10-325mg, day supply: 30 QTY: 90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for neck and low back pain. Diagnoses include lumbar post laminectomy syndrome. Medications are referenced as decreasing pain from 7/10 to 2-3/10 and allowing for independence with activities of daily living and providing improved sleep. When seen, her BMI was over 37. There was decreased and painful cervical and lumbar spine range of motion with muscle spasms and tenderness and trigger points were present. There was rhomboid and trapezius muscle tenderness. There was neck pain with Spurling's testing. There was lumbar spinous process tenderness with positive facet loading and positive straight leg raising. MS Contin, MSIR, and Percocet were prescribed at a total MED (morphine equivalent dose) of 135 mg per day. The dose being prescribed has been unchanged since at least February 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication appears to be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done with dosing unchanged for at least 6 months. Ongoing prescribing at this dose is not medically necessary.