

Case Number:	CM15-0164386		
Date Assigned:	09/01/2015	Date of Injury:	01/04/2013
Decision Date:	10/23/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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 44 year old female who sustained an industrial injury on 01-04-2013. According to the only progress report submitted for review and dated 07-13-2015, the injured worker had a right L2-3 transforaminal epidural steroid injection on 06-23-2015. Her low back pain had been reduced approximately 60-70 %. She did describe an increase in back pain with activity that was made better with use of her medications. She continued to report adequate pain relief with Morphine ER and Morphine IR, which improved her function and temporarily reduced her pain by about 50%. She denied any adverse effects. She was supposed to have an evaluation with a spinal surgeon the following day. Current medication regimen included Docusate Sodium, Senna, Gabapentin, topical Diclofenac Sodium, Morphine Sulfate ER 15 mg one tablet by mouth every 8 hours and Morphine Sulfate IR 15 mg one by mouth every 12 hours as needed for breakthrough pain. Diagnoses included lumbar disc displacement without myelopathy, pain in joint shoulder, pain psychogenic not elsewhere classified, sprains and strain of neck, long term use of medications, depression with anxiety, acute stress reaction not elsewhere classified, generalized anxiety disorder, unspecified major depression recurrent episode, posttraumatic stress disorder, unspecified major depression recurrent episode, posttraumatic stress disorder, therapeutic drug monitor, long term use meds not elsewhere classified and cervical disc displacement without myelopathy. Prescriptions included Diclofenac Sodium 1.5% 60 grams, Morphine Sulfate ER 15 mg #90 and Morphine Sulfate IR 15 mg #60. The provider noted that the injured worker would be given a prescription with a do not fill until 08-01-2015 when they were due. Gabapentin was discontinued due to swelling in

the lower extremities. She was to follow up in 6 weeks. Work restrictions include no lifting greater than 10 pounds, no work above shoulder level and no repetitive bending and stooping. She was to continue in modified capacity as she currently was. Currently under review is the request for retrospective Diclofenac Sodium 1.5% 60 grams #1 (date of service 07-13-2015), retrospective Morphine Sulfate ER 15 mg #90 (date of service 07-13-2015) and retrospective Morphine Sulfate IR 15 mg #60 (date of service 07-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Sodium 1.5% 60 grams #1 (DOS 07/13/2015): 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): Topical Analgesics.

Decision rationale: The patient presents on 07/13/15 with unrated lower back pain, which is improving after recent lumbar ESI. The patient's date of injury is 01/04/13. Patient is status post lumbar ESI at L2-3 levels on 06/23/15. The request is for Retrospective Diclofenac Sodium 1.5% 60 grams #1 (DOS 07/13/2015). The RFA was not provided. Physical examination dated 07/13/15 reveals spasms and guarding in the lumbar spine. The patient is currently prescribed Docusate, Senna, Diclofenac cream, Gabapentin, and Morphine sulfate. Patient is currently working modified duties. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In regard to topical Diclofenac for this patient's ongoing lower back pain, this medication is not supported for this patient's chief complaint. This patient presents with chronic lower back lower back pain and as of 07/13/15 does not complain of any peripheral pain conditions. Guidelines do not support the use of topical NSAIDs such as Diclofenac for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Without evidence that this medication is being utilized for a peripheral complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.

Retrospective Morphine Sulfate ER 15 mg #90 (DOS 07/13/2015): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 07/13/15 with unrated lower back pain, which is improving after recent lumbar ESI. The patient's date of injury is 01/04/13. Patient is status post lumbar ESI at L2-3 levels on 06/23/15. The request is for Retrospective Morphine Sulfate ER 15 mg #90 (DOS 07/13/2015). The RFA was not provided. Physical examination dated 07/13/15 reveals spasms and guarding in the lumbar spine. The patient is currently prescribed Docusate, Senna, Diclofenac cream, Gabapentin, and Morphine sulfate. Patient is currently working modified duties. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Morphine ER for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 07/13/15, the provider does include documentation that narcotic medications reduce this patient's pain by 50 percent. Addressing functional improvements, it is noted that this patient continues to work with modified duties, which can be considered evidence of functional gains. There is no indication that this patient is inconsistent with her prescribed medications, and the provider specifically notes a lack of aberrant behavior. In this case, 4A's criteria have been adequately addressed. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed several narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic lower back pain, without evidence of an existing condition, which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.

Retrospective Morphine Sulfate IR 15 mg #60 (DOS 07/13/2015): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 07/13/15 with unrated lower back pain, which is improving after recent lumbar ESI. The patient's date of injury is 01/04/13. Patient is status post lumbar ESI at L2-3 levels on 06/23/15. The request is for Retrospective Morphine Sulfate IR 15 mg #60 (DOS 07/13/2015). The RFA was not provided. Physical examination dated 07/13/15 reveals spasms and guarding in the lumbar spine. The patient is currently prescribed Docusate, Senna, Diclofenac cream, Gabapentin, and Morphine sulfate. Patient is currently working modified duties. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Morphine IR for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 07/13/15, the provider does include documentation that narcotic medications reduce this patient's pain by 50 percent. Addressing functional improvements, it is noted that this patient continues to work with modified duties, which can be considered evidence of functional gains. There is no indication that this patient is inconsistent with her prescribed medications, and the provider specifically notes a lack of aberrant behavior. In this case, 4A's criteria have been adequately addressed. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed several narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic lower back pain, without evidence of an existing condition, which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.