

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0167761 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 06/02/1997 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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 69 year old male, who sustained an industrial injury on 6-2-1997. The mechanism of injury is not described. The current diagnosis is chronic pain in low back and neck, status post-extensive fusions, long-term (current) use of medications, other post-procedural status, and degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, and headaches. According to the progress report dated 8-4-2015, the injured worker complains of chronic pain in the neck, low back, and headaches. He rates his current pain 7 out of 10 on a subjective pain scale. Off medications, he rates his pain 9-10 out of 10, reduced down to 1-2 out of 10 with medications. With his medications, he is still able to do most yard work, clean house, cook, etc. The physical examination of the neck reveals large posterior scar from surgery, muscles tight, tense, and tender to palpation. Range of motion OK with flexion but restricted with extension, LSB and LR bilaterally. Examination of the back reveals extensive fusion, stiff muscles, and no motion from lumbar spine, all from hips. Negative straight leg raise test. The current medications are Morphine Sulfate, Esgic, and Norco. Per notes, pain is very well controlled and function is high on his long-term maintenance doses of opiates. These medications remain medically necessary for him to function as normally as possible. Without them, his function decreases and pain escalates considerably. There is documentation of ongoing treatment with Morphine Sulfate, Norco, and Esgic since at least 2013. Treatment to date has included medication management and surgical intervention. Work status is described as retired, on future medical treatments only. A request for Morphine Sulfate, Norco, and Esgic has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30 mg/12 hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury in June 1997 and is being treated for chronic neck and low back pain and headaches with a history of cervical and lumbar fusions. Medications are referenced as typically decreasing pain from 9-10/10 to 1/10 and allowing for completion of activities such as most yard work. When seen, there were tense and tight cervical muscles. There was decreased extension. There were stiff lumbar muscles with absent lumbar spine motion. The claimant was using a cane. Medications were refilled including Norco and extended release morphine prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Extended release morphine is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are typically providing significantly decreased pain with improved activities. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Norco 10/325 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in June 1997 and is being treated for chronic neck and low back pain and headaches with a history of cervical and lumbar fusions. Medications are referenced as typically decreasing pain from 9-10/10 to 1/10 and allowing for completion of activities such as most yard work. When seen, there were tense and tight cervical muscles. There was decreased extension. There were stiff lumbar muscles with absent lumbar spine motion. The claimant was using a cane. Medications were refilled including Norco and extended release morphine prescribed at a total MED (morphine equivalent dose) of

less than 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are typically providing significantly decreased pain with improved activities. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Esgic 325-50-40 mg #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, p6 (2) Barbiturate-containing analgesic agents (BCAs), p23.

Decision rationale: The claimant has a remote history of a work-related injury in June 1997 and is being treated for chronic neck and low back pain and headaches with a history of cervical and lumbar fusions. Medications are referenced as typically decreasing pain from 9-10/10 to 1/10 and allowing for completion of activities such as most yard work. When seen, there were tense and tight cervical muscles. There was decreased extension. There were stiff lumbar muscles with absent lumbar spine motion. The claimant was using a cane. Medications were refilled including Norco and extended release morphine prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. Barbiturate-containing analgesic agents such as Esgic are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Esgic is not medically necessary.