

Case Number:	CM15-0167995		
Date Assigned:	09/08/2015	Date of Injury:	06/15/2000
Decision Date:	10/26/2015	UR Denial Date:	08/25/2015
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: 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 56 year old male, who sustained an industrial injury on 6-15-00. The injured worker was diagnosed as having intractable pain due to multiple surgical procedures to lumbosacral spine and progressive weakness of bilateral lower extremities. Treatment to date has included lumbar fusion, physical therapy, spinal cord stimulator, oral medications including Morphine 15mg, Morphine 60mg, Prilosec 20mg, Trazodone 100mg, Lexapro 10mg, Methadone 5 mg and Valium 5mg; and home exercise program. Currently on 7-28-15, the injured worker complains of constant intractable upper and lower back pain, worsening of weakness in both lower extremities and feeling very depressed with frequent crying spells due to intractable pain. He describes his pain as a continuous aching, sharp, shooting and stabbing type of pain accompanied by intermittent numbness and tingling sensations. Work status is noted to be totally disabled. Physical exam performed on 7-28-15 revealed restricted range of motion of cervical and lumbar spine with multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. The treatment plan included recommendations for Duragesic 50mcg patch #10, Morphine IR 15mg #90, Valium 5 mg #30, Trazodone 100mg #30 and Susys 1200mcg spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg patch #10: 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 current request is for Duragesic 50mcg Patch #10. Treatment to date has included lumbar fusion (2003), physical therapy, spinal cord stimulator, oral medications including Morphine 15mg, Morphine 60mg, Prilosec 20mg, Trazodone 100mg, Lexapro 10mg, Methadone 5 mg and Valium 5mg; and home exercise program. The patient is totally disabled. 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 4 A'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, 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." Per Initial Evaluation report dated 07/28/15, the patient presents with constant intractable upper and lower back pain, worsening of weakness in both lower extremities and complaints of depression. Physical examination revealed restricted range of motion of cervical and lumbar spine with multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature. There was decreased sensation in the lower extremities. The treater states that the patient has just transferred care from [REDACTED] office. Recommendation was for medications, including Duragesic 50mcg patch #10, Morphine IR 15mg #90, Valium 5 mg #30, Trazodone 100mg #30 and Susys 1200mcg spray. The treater states that UDS will be administered per guidelines and that "it is anticipated that the patient will have greater than 50% relief of pain "and ability to function will be significantly improved with prescribed medication." The patient has been previously prescribed Duragesic patches by [REDACTED] since at least 08/17/14. MTUS requires appropriate discussion of all the 4 A's for continued opiate use. In this case, the treater does not discuss how this medication significantly improved the patient's activities of daily living to warrant continued use. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. Given the lack of documentation as required by MTUS, continuation cannot be supported and the patient should be slowly weaned. The request is not medically necessary.

Morphine IR 15mg #90: 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 current request is for Morphine IR 15mg #90. Treatment to date has included lumbar fusion (2003), physical therapy, spinal cord stimulator, oral medications including Morphine 15mg, Morphine 60mg, Prilosec 20mg, Trazodone 100mg, Lexapro 10mg, Methadone 5 mg and Valium 5mg; and home exercise program. The patient is totally disabled. 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 4 A'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, 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." Per Initial Evaluation report dated 07/28/15, the patient presents with constant intractable upper and lower back pain, worsening of weakness in both lower extremities and complaints of depression. Physical examination revealed restricted range of motion of cervical and lumbar spine with multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature. There was decreased sensation in the lower extremities. The treater states that the patient has just transferred care from [REDACTED] office. Recommendation was for medications, including Duragesic 50mcg patch #10, Morphine IR 15mg #90, Valium 5 mg #30, Trazodone 100mg #30 and Susys 1200mcg spray. The treater states that UDS will be administered per guidelines and that "it is anticipated that the patient will have greater than 50% relief of pain "and ability to function will be significantly improved with prescribed medication." [REDACTED] has previously prescribed the patient Duragesic patches since at least 08/17/14. MTUS requires appropriate discussion of all the 4 A's for continued opiate use. In this case, the treater does not discuss how this medication significantly improved the patient's activities of daily living to warrant continued use. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. Given the lack of documentation as required by MTUS, continuation cannot be supported and the patient should be slowly weaned. The request is not medically necessary.

Valium 5mg #30 DOS: 7/28/15 DS: 30: 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): Benzodiazepines.

Decision rationale: The current request is for Valium 5MG #30 DOS 07/28/15 DS: 30. Treatment to date has included lumbar fusion (2003), physical therapy, spinal cord stimulator, oral medications including Morphine 15mg, Morphine 60mg, Prilosec 20mg, Trazodone 100mg, Lexapro 10mg, Methadone 5 mg and Valium 5mg; and home exercise program. The patient is totally disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per Initial Evaluation report dated 07/28/15, the patient presents with constant intractable upper and lower back pain, worsening of weakness in both lower extremities and complaints of depression. Physical examination revealed restricted range of motion of cervical and lumbar spine with multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature. There was decreased sensation in the lower extremities. The treater states that the patient has just transferred care from [REDACTED] office. Recommendation was for medications, including Duragesic 50mcg patch #10, Morphine IR 15mg #90, Valium 5 mg #30, Trazodone 100mg #30 and Susys 1200mcg spray. The treater states that UDS will be administered per guidelines and that "it is anticipated that the patient will have greater than 50% relief of pain "and ability to function will be significantly improved with prescribed medication." The patient has been previously prescribed Valium by [REDACTED] since at least 04/06/15. In regard to the request for Valium, the patient has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine due to high risk of dependency and loss of efficacy. The requested 30 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request is not medically necessary.