

Case Number:	CM15-0181684		
Date Assigned:	09/23/2015	Date of Injury:	04/15/1992
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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 62 year old female, who sustained an industrial injury on 4-15-1992. The injured worker is being treated for lumbar disc displacement without myelopathy and post laminectomy syndrome. Treatment to date has included surgical intervention (L4-5 laminectomy, 1993), medications, aquatic therapy, physical therapy, rest, and neurostimulator implant, injections and home exercises. Per the Primary Treating Physician's Progress Report dated 8-17-2015, the injured worker presented for follow-up. She reported chronic lower back pain due to lumbar disc displacement and post laminectomy syndrome with radicular symptoms in the bilateral lower extremities. She denies acute changes in her low back pain. She continues to take extended release Morphine and Norco for breakthrough pain. She states that medications provide about 40% decrease in her pain level which allows her to perform activities of daily living and home exercise with less pain. Parafon helps with her neuropathic symptoms. Objective findings included an antalgic gait. She uses a wheeled walker for assistance with ambulation. Per the medical report dated 7-23-2015 she was prescribed Parafon, Morphine and Norco and her pain was rated as 7-9 out of 10 in severity without medications. Medications reduce her pain by about 40%. On 3-16-2015 she stated that Morphine reduced her pain level to 5 out of 10 from 8 out of 10. Medications included Morphine, Methadone and Parafon. She was given prescriptions for Morphine, Parafon and Norco and Methadone was discontinued. A urine drug screen was administered and CURES report shows no inconsistencies. The plan of care on 8-17-2015 included continuation of aquatic therapy, home exercise and medications. Authorization was requested on 8-19-2015 for Parafon Forte DCS 500mg #90, Morphine sulfate ER 30mg #150,

and Norco 10-325mg #90. On 8-26-2015, Utilization Review non-certified the request for Parafon Forte DCS 500mg #90, Morphine sulfate ER 30mg #150, and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon Forte Dsc 500mg #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): Muscle relaxants (for pain).

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with lower back pain and radicular symptoms in the bilateral lower extremities. The patient is status post L4-5 laminectomy in 1993. The request is for Parafon Forte DSC 500MG #90. RFA with the request not provided. Patient's diagnosis on 07/23/15 includes chronic pain NEC, cervical disc displacement, lumbar disc displacement without myelopathy, and lumbar postlaminectomy syndrome. The patient has an antalgic gait and uses a walker for ambulation. Treatment to date has included surgery, aquatic therapy, physical therapy, rest, neurostimulator implant, injections, home exercises, and medications. Patient's medications include Parafon Forte, Morphine Sulfate, Norco and Neurontin. The patient is permanent and stationary, per 07/23/15 report. MTUS Guidelines, Muscle Relaxants Section, page 63 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Parafon Forte has been included in patient's medications, per progress reports dated 03/16/15, 06/11/15, and 08/17/15. It is not known when this medication was initiated. According to MTUS, duration of use should be short-term (no more than 2-3 weeks). The patient has been prescribed Parafon Forte at least since 03/16/15, which is more than 5 months from UR date of 08/26/15. In addition, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Morphine Sulf ER 30mg #150: Overturned

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.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with lower back pain and radicular symptoms in the bilateral lower extremities. The patient is status post L4-5 laminectomy in 1993. The request is for Morphine Sulf ER 30mg #150. RFA with the request not provided. Patient's diagnosis on 07/23/15 includes chronic pain NEC, cervical disc displacement, lumbar disc displacement without myelopathy, and lumbar postlaminectomy syndrome. The patient has an antalgic gait and uses a walker for ambulation. Treatment to date has included surgery, aquatic therapy, physical therapy, rest, neurostimulator implant, injections, home exercises, and medications. Patient's medications include Parafon Forte, Morphine Sulfate, Norco and Neurontin. The patient is permanent and stationary, per 07/23/15 report. 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." Morphine Sulfate has been included in patient's medications, per progress reports dated 03/16/15, 06/11/15, and 08/17/15. It is not known when this medication was initiated. Per 07/27/15 report, treater states the patient "does find Norco and Morphine to be beneficial with pain reduction and overall functional improvement. Patient reports that with the use of morphine and Norco, her pain levels is reduced down to 4/10 on VAS. She states the medications do provide approximately 40% decrease in her pain level. She reports that with these medications, she is able to concentrate better and is able to be more active and she is able to exercise with exercises learned in physical therapy and walk and stretch better with less pain. She states that with the use of medications including Norco and Morphine, she is able to perform activities of daily living, light shopping and light laundry better with less pain. She is tolerating it well, without side effects... the patient had urine drug screen conducted on 05/11/15...Which is consistent with the current prescription, there have been no signs or issues of abuse or aberrant behavior or diversion...DEA CURES report dated 02/14/14 indicates that the patient has been receiving opioids only from our office...The patient is currently stable on her medication as prescribed..." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Norco 10/325mg #90: Overturned

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.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with lower back pain and radicular symptoms in the bilateral lower extremities. The patient is status post L4-5 laminectomy in 1993. The request is for Norco 10/325mg #90. RFA with the request not provided. Patient's diagnosis on 07/23/15 includes chronic pain NEC, cervical disc displacement, lumbar disc displacement without myelopathy, and lumbar postlaminectomy syndrome. The patient has an antalgic gait and uses a walker for ambulation. Treatment to date has included surgery, aquatic therapy, physical therapy, rest, neurostimulator implant, injections, home exercises, and medications. Patient's medications include Parafon Forte, Morphine Sulfate, Norco and Neurontin. The patient is permanent and stationary, per 07/23/15 report. 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." Norco has been included in patient's medications, per progress reports dated 03/16/15, 06/11/15, and 08/17/15. It is not known when this medication was initiated. Per 07/27/15 report, treater states the patient "does find Norco and Morphine to be beneficial with pain reduction and overall functional improvement. Patient reports that with the use of morphine and Norco, her pain levels is reduced down to 4/10 on VAS. She states the medications do provide approximately 40% decrease in her pain level. She reports that with these medications, she is able to concentrate better and is able to be more active and she is able to exercise with exercises learned in physical therapy and walk and stretch better with less pain. She states that with the use of medications including Norco and Morphine, she is able to perform activities of daily living, light shopping and light laundry better with less pain. She is tolerating it well, without side effects... the patient had urine drug screen conducted on 05/11/15...Which is consistent with the current prescription. There have been no signs or issues of abuse or aberrant behavior or diversion...DEA CURES report dated 02/14/14 indicates that the patient has been receiving opioids only from our office...The patient is currently stable on her medication as prescribed..." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.