

Case Number:	CM15-0187278		
Date Assigned:	09/29/2015	Date of Injury:	08/08/2001
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 59 year old female with an industrial injury dated 08-08-2001. Medical records indicate she is being treated for radiculopathy of lumbar spine. Subjective complaints on 09-14-2015 included low back pain. There is co-existing history of severe COPD and atria fibrillation. The treating physician documented that she made good progress in tapering her total overall opioid daily dose. At the last visit the IW had tapered down to MS Contin 100 mg three times daily with Norco 10-325 mg three times daily. It was noted that transitioning to the lower Morphine dose over the last month was rough. However, the IW was able to do it. The injured worker's pain description was documented as worse. On 08-07-2015, the injured worker reported her pain was at least 2 out of 10 and at worst 9 out of 10. The pain at present was 5 on the pain scale. Her medications included Amitriptyline, Flexeril, MS Contin, Norco, Senna and Trazadone (all since at least 02-09-2015.) Physical exam on 09-14-2015 included findings of pain upon palpation of the lumbar facet on both sides at the lumbar 3-sacral 1 region. There was pain over the lumbar intervertebral spaces on palpation. Other findings included pain with flexion and extension of lumbar spine. Prior treatment included medication, facet blocks, acupuncture and medications. Urine drug screen done on 02-10-2015 was positive for Morphine, Hydrocodone, Norhydrocone, Hydromorphone, Amitriptyline, Nortriptyline and Cyclobenzaprine. In the 08-17-2015 note the treating physician documented that the patient is receiving greater than 50 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in the daily activities and attempts at light activities within their

limits. The quality of life had improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long term goals are to keep the patient on her current level medications. The treatment request is for: Trazodone 50 mg #30; Norco 10/325 mg #90; Flexeril 10 mg #90; MS Contin 100 mg #90. On 09-22-2015 the request for the following was non-certified by utilization review: Trazodone 5 mg #30; Norco 10-325 mg #90; Flexeril 10 mg #90. The request for MS Contin 100 mg #90 was modified to MS Contin 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #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, Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of dependency, sedation, addiction and adverse interaction with opioid and other medications. The records indicate that the duration of utilization of Flexeril had exceeded the maximum guidelines recommended duration of 4 to 6 weeks. The criteria for the use of Flexeril 10mg #90 was not met. The request is not medically necessary.

Norco 10/325mg #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, Opioids, dealing with misuse & addiction, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient had been

utilizing high dose opioid medications for many years. The persistent of severe pain despite utilization of high dose of opioid medications is indicative of opioid induced hyperalgesia. The records did not show that the patient failed treatment with non-opioid co-analgesics such as gabapentin. The guidelines recommend that patient of high doses of opioid medications be referred to Pain Programs or Addiction centers for safe weaning when discontinuation of opioids is planned. The criteria for the use of Norco 10/325mg #90 was not met. The request is not medically necessary.

Trazodone 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressant can be utilized for the treatment of psychosomatic symptoms associated with chronic musculoskeletal pain syndrome. The chronic use of Trazodone may be associated with daytime somnolence, sedation, tolerance, dependency and adverse interaction with opioids and sedative medications. The records indicate the patient is utilizing Trazodone for the treatment of psychosomatic disorders including insomnia. There is no report of adverse medication effect. The criteria for the use of Trazodone 50mg #30 was met. The request is medically necessary.

MS Contin 100mg #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): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient had been utilizing high dose opioid medications for many years. The persistent of severe pain despite utilization of high dose of opioid medications is indicative of opioid induced hyperalgesia. The records did not show that the patient failed treatment with non-opioid co-analgesics such as gabapentin. The guidelines recommend that patient of high doses of opioid medications be referred to Pain Programs or Addiction centers for safe weaning when discontinuation of opioids is planned. The criteria for the use of MS Contin 100mg #90 was not met. The request is not medically necessary.