

Case Number:	CM15-0195876		
Date Assigned:	10/09/2015	Date of Injury:	10/22/1998
Decision Date:	12/14/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational Medicine

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 50 year old male with an industrial injury dated 10-22-1998. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, lumbar radiculitis ,status post lumbar spine fusion, and chronic pain; other. According to the progress note dated 08-14-2015, the injured worker reported ongoing neck pain and low back pain. Pain level was 2 out of 10 on average with medication and 10 out of 10 without medications on a visual analog scale (VAS). The injured worker pain is reported as unchanged since last visit. The injured worker reports ongoing activities of daily living limitations in the following areas due to pain; self-care and hygiene, activity, ambulation, hand function, sleep and sex. Objective findings (08-14-2015) revealed slow gait, spasm in L3-S1, tenderness to palpitation of the bilateral paravertebral area of L3-S1 levels and buttocks, limited range of motion of the lumbar spine due to pain and significant increase of pain with flexion and extension. Treatment has included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 05-04-2002, electrodiagnostic study dated 03-17-2011, Magnetic Resonance Imaging (MRI) of thoracic spine dated 05-14-2002, Magnetic Resonance Imaging (MRI) of the left knee dated 07-07-2000, prescribed medications, and periodic follow up visits. The treatment plan included medication management. The treating physician reported that the injured worker has developed opiate tolerance due to long term opioid use. Medical records indicate that the injured worker has been on Morphine Sulf ER (extended release), MSIR (morphine immediate release) since at least 2011 and Neurontin since at least 2012. A review of medical documentation indicates opioid use without significant evidence of functional improvement. The injured worker

is currently not working. The treating physician prescribed Morphine Sulf ER (extended release) 30 mg Qty 90, Neurontin 600 mg Qty 120, MSIR (morphine immediate release) 30 mg Qty 90 and Baclofen 20 mg Qty 60. The utilization review dated 09-10-2015, non-certified the request for Morphine Sulf ER (extended release) 30 mg Qty 90, Neurontin 600 mg Qty 120, MSIR (morphine immediate release) 30 mg Qty 90 and Baclofen 20 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulf ER (extended release) 30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Morphine Sulfate ER is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Morphine Sulfate ER can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Morphine Sulf ER (extended release) 30 mg Qty 90 is not medically necessary.

Neurontin 600 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600 mg Qty 120 is not medically necessary.

MSIR 30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. MSIR 30 mg Qty 90 is not medically necessary.

Baclofen 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. No neuropathic pain was documented in the records. Baclofen 20 mg Qty 60 is not medically necessary.