

<b>Case Number:</b>	CM15-0199227		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female with an industrial injury date of 08-07-2010. Medical record review indicates she is being treated for status post lumbar 3-sacral lumbar decompression, fusion and instrumentation, status post lumbar laminectomy, depression and anxiety due to chronic pain, left knee pain secondary to medial meniscus tear and compensatory sacroiliac joint pain. Subjective complaints (09-21-2015) included low back and left hip pain associated with numbness and tingling in her left leg. Other complaints included burning pain over the left lateral hip and thigh region. The treating physician indicates the injured worker was undergoing physical therapy for left knee pain "which has caused severe aggravation of her left hip with associated pain." The injured worker rated her pain as 6-7 out of 10 with medications and 10 out of 10 without medications. The injured worker stated with medication she was able to stand for up to half an hour continuously, able to walk for up to 1 mile at a time and is able to perform activities of daily living for up to an hour to an hour and a half at a time. "The patient demonstrated quantifiable and objective functional improvement." Physical exam (09-21-2015) noted 1-2 plus muscle spasms of the lumbar spine with allodynia over the scar region. Faber test was positive on the left and Gaenslen's was positive on the left greater than the right. Current medications (09-21-2015) included Morphine ER (at least since 10-02-2014) Dilaudid (at least since 10-02-2014), Laxacin, Meloxicam (since at least 04-24-2015), Lidocaine patches, Temazepam and Cymbalta. Prior treatments included psyche, lumbar laminectomy and fusion, chiropractic treatments, physical therapy and medication. The treating physician noted the injured worker denied adverse side effects with medications other than constipation which have

been well managed with the use of stool softeners. The treating physician also documented the injured worker demonstrated no drug-seeking behavior, pain medication agreement was signed and last urine drug screen on 07-24-2015 demonstrated compliance in consistency with the injured worker's prescribed medications. On 10-02-2015 the request for the following medications was non-certified by utilization review: Morphine ER 30 mg Q 8 H #90; Meloxicam 15 mg Q D #30; Dilaudid 4 mg Q 4-6 H PRN #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine ER 30 mg Q8H #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): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 10/10 to a 6/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Dilaudid 4 mg Q4-6H PRN #120:** 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): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 10/10 to a 6/10. There are no objective measures of improvement of function or how the medication improves activities. The

work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Meloxicam 15 mg QD #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.