

Case Number:	CM15-0202747		
Date Assigned:	10/20/2015	Date of Injury:	08/31/1993
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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:

This is a 56 year old female who sustained a work-related injury on 8-31-93. Medical record documentation on 8-14-15 revealed the injured worker was being treated for chronic pain syndrome, degeneration of cervical intervertebral disc, and lumbar post-laminectomy syndrome s/p lumbar fusion L4-S1 in 1996. She reported ongoing back pain with radiation of pain to the left lower extremity. She described her pain as intermittent cramping, numbness, throbbing and tingling with associated weakness and numbness. Her pain was relieved with ice, medications, rest, sitting and stretching and aggravated with walking. She reported that her pain improved with medications. Objective findings included a normal cervical spine range of motion with no pain elicited. On the right, she had decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5). On the left, she had decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5). She had decreased sensation on the sole of the foot and the posterior leg at S1. She had tenderness to palpation of the paraspinal region at L5, the ileolumbar region, the gluteus maximus and the piriformis. She had bilateral tenderness to palpation of the paraspinal region at L5, the ileolumbar region, the gluteus maximus and the piriformis. Her medication regimen included Baclofen 10 mg, Klonopin 1 mg, Levorphanol tartrate 2mg (since at least 2-26-15), Senna-S 8.6 mg-50 mg, and Tizanidine 4 mg. On 9-23-15, the Utilization Review physician determined the prospective use of Levorphanol tartrate 2 mg #90 with two refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Usage of Levorphanol tartrate 2mg #90 (Refill x 2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities and decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing or use of opioid or other analgesics including muscle relaxants for persistent significant pain for this chronic 1993 injury without acute flare, new injury, or progressive neurological deterioration. The Usage of Levorphanol tartrate 2mg #90 (Refill x 2) is not medically necessary and appropriate.