

Case Number:	CM15-0032066		
Date Assigned:	02/25/2015	Date of Injury:	04/04/2007
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 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 58 year old female who sustained a work related injury on April 4, 2007. There was no mechanism of injury documented. There were no surgical or operative reports noted. The injured worker was diagnosed with degeneration of cervical and lumbar intervertebral disc and chronic pain syndrome. According to the treating physician's progress report dated December 1 and December 30, 2014 the patient continues to experience neck pain with tingling to the right upper extremity and non-radiating low back pain with muscle aches and joint pain. Current medications are listed as Aleve, Baclofen, Trazadone, Clonazepam, Bupropion, Zolpidem, Norco and MsContin ER. Treatment modalities are not listed. The treating physician requested authorization for (Morphine Sulfate) MsContin extended release (ER) 15mg #120; Norco 10mg-325mg #120; Baclofen 10mg #120 times 6 refills; Zolpidem 10mg #30 times 3 refills. On February 18, 2015 the Utilization Review denied authorization for (Morphine Sulfate) MsContin extended release (ER) 15mg #120 and Norco 10mg-325mg #120. On February 18, 2015 the Utilization Review modified certification for Baclofen 10mg #120 times 6 refills to Baclofen 10mg #60 for weaning purposes and modified Zolpidem 10mg #30 times 3 refills to Zolpidem 10mg #15 for weaning purposes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate (Ms) Contin extended release (ER) 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with lower back and neck pain. The current request is for Morphine Sulfate (Ms) Contin extended release (ER) 15 mg #120. The treating physician states, "The patient's pain is stable on the MS Contin and Norco. They allow her to function, run errands, do housework, and work full time. Urine tox was appropriate from last visit," (29B) The treating physician also documented that the patient rates their pain as 10/10 without medications and 2/10 with medication, the patient's ADLs have improved with medication, and the patient has not had any side effects or aberrant behaviors. For chronic opiate use, the MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient is able to return to work because of this medication, is able to perform ADLs, has not had any side effects or aberrant behaviors, and has had consistent urine drug screens. The current request is medically necessary and the recommendation is for authorization.

Norco 10mg-325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with lower back and neck pain. The current request is for Norco 10mg-325mg #120. The treating physician states, "The patient's pain is stable on the MS Contin and Norco. They allow her to function, run errands, do housework, and work full time. Urine tox was appropriate from last visit," (29B) The treating physician also documented that the patient rates their pain as 10/10 without medications and 2/10 with medication, the patient's ADLs have improved with medication, and the patient has not had any side effects or aberrant behaviors. For chronic opiate use, the MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient is able to return to work because of this medication, is able to perform ADLs, has not had any side effects or aberrant behaviors, and has had consistent urine drug screens. The current request is medically necessary and the recommendation is for authorization.

Baclofen 10mg #120 times 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with lower back and neck pain. The current request is for Baclofen 10mg #120 times 6 refills. The treating physician states, "Baclofen has also been providing great pain relief, helps control the flare-ups and muscle spasm." (20B) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain." In this case, the treating physician has been prescribing this medication since at least July 2014 (188B) which would exceed the recommended guideline of short-term treatment. The current request is not medically necessary and the recommendation is for denial.

Zolpidem 10mg #30 times 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®).

Decision rationale: The patient presents with lower back and neck pain. The current request is for Zolpidem 10mg #30 times 3 refills. The treating physician states, "Pain medications help her control pain and allow her to rest. Ambien also allows her to sleep at night. Discussed her trying not to take it every night. She will work on that, though her sleep is essential." (20B) The ODG guidelines state, "Recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." In this case, the treating physician has been prescribing this medication since at least July 2014 (189B) which would exceed the recommended guideline of 7-10 days. The current request is not medically necessary and the recommendation is for denial.