

Case Number:	CM15-0053852		
Date Assigned:	03/27/2015	Date of Injury:	03/21/2000
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63-year-old female who reported injury on 03/21/2000. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/13/2015. The documentation of 12/17/2014 revealed the injured worker had a longstanding history of low back, bilateral leg and knee pain. The injured worker's medications included morphine sulfate 15 mg 1 tablet every 8 hours, Avinza 30 mg 1 once a day, lactulose 10 gm once a day, MiraLax 1 tbsp. as directed, lisinopril 20 mg 1 once a day, Norvasc 5 mg 1 once a day, Zoloft 50 mg 1 tablet once a day, and Neurontin 300 mg 1 tablet 3 times a day. The medical history included high blood pressure. The physical examination revealed a positive straight leg raise on the right at 45 degrees and on the left at 70 degrees. The injured worker had mild weakness of the calf muscles. The diagnoses included spondylosis of unspecified site with mention of myelopathy, lumbar disc, lumbago, lumbar radicular pain and pain in the knee. The treatment plan included a continuation of morphine sulfate 15 mg 1 tablet as needed every 8 hours, Avinza 30 mg 1 capsule once a day, and continue Neurontin 300 mg 1 tablet 3 times a day and renew of the above prescriptions. The medications were noted to have been taken since at least 08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15 mg, quantity of eight: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing. Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for morphine sulfate 15 mg, quantity 8 is not medically necessary.

Avinza 30 mg: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

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Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, and the lack of documentation, the request for Avinza 30 mg is not medically necessary.

Lactulose 10 gram packet: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. There was a lack of documented frequency and quantity being requested. Given the above, the request for lactulose 10 gm packet is not medically necessary.

Miralax: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. There was a lack of documented frequency and quantity being requested. Given the above, the request for MiraLax is not medically necessary.

Lisinopril 20 mg: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines indicate that lisinopril is recommended as a step therapy for hypertension after lifestyle, diet and exercise modifications. The clinical documentation submitted for review indicated the medication was a continued medication. There was a lack of documentation indicating step therapy. There was a lack of documentation indicating the injured worker's current blood pressure to assess for efficacy of the requested medication. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for lisinopril 20 mg is not medically necessary.

Norvasc 5 mg: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines indicate that the medication Norvasc is a first line second edition in the step therapy for hypertension after lifestyle, diet and exercise modifications. The clinical documentation submitted for review failed to provide a necessity for a second edition medication. The efficacy was not provided. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Norvasc 5 mg is not medically necessary.

Zoloft 50 mg: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement to include the above criteria. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Zoloft 50 mg is not medically necessary.

Neurontin 300 mg: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% decrease in pain and documentation of objective functional improvement. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Neurontin 300 mg is not medically necessary.

Three follow-up visits with a pain management physician for lumbar pain, as an outpatient: 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), Low Back Chapter.

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

Decision rationale: The Official Disability Guidelines indicate that a repeat office visit is recommended based on the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications. The rationale for 3 office visits were not provided. This treatment would be appropriate for 1 follow up visit with secondary visits based on the findings of the 1 follow up visit. As such, this request is not supported in its entirety. Given the above, the request for three follow-up visits with a pain management physician for lumbar pain, as an outpatient is not medically necessary.