

Case Number:	CM15-0088957		
Date Assigned:	05/13/2015	Date of Injury:	12/09/1994
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female patient who sustained an industrial injury on 12/09/1994. The accident was not narratively described within the provided documentation. She encountered acute pain to low back and neck while working. Subsequently in 1995, she underwent the first spine surgery of which did not offer pain relief. On 11/13/2014, she underwent the second lumbar procedure and stated "feeling great". A visit dated 12/16/2014 reported the patient stating she has been weaning down on the Morphine Sulfate ER 100mg BID to 80mg BID over the past 4 weeks. She would like to wean down further on the Morphine Sulfate ER 160mg daily as well as Cymbalta 120mg daily. She is reporting good benefit from Valium as needed, and wishes a sleeping aid, and a mattress replacement. She is with subjective complaint of having almost resolved lower back pain status post two procedures, and now the cervical spine persists with severe neck pain and migraine headaches that she wishes to address. She has had cervical and lumbar epidural injection prior. The current medication regimen consists of: Amitriptyline, Cymbalta, MS Contin, APAP/Codeine, and Valium, Zanaflex, and Lidoderm patches. She is allergic to Vicodin and Imitrex. The following diagnoses are applied: sacroiliac spine strain; cervical degenerative disc disease, lumbar degenerative disc disease; lumbar facet arthropathy; headache syndromes; cervicgia, and sciatica. The plan of care showed reductions to MS ER and Cymbalta doses. The doctor is with recommendation for a replacement mattress purchase, and referral to pain management. The follow up visit dated 01/15/2015 reported the patient with some difficulty weaning down the Morphine Sulfate ER and wishes to continue with 120mg daily for now. She will also continue weaning off the

Cymbalta. Furthermore, she reports requiring three Valium daily as opposed to two and wishes this to continue as it offers comfort during the titration of medications. There was also mention of denials of prior recommendation for new mattress and psychiatric/ pain management referral. The follow up visit dated 02/17/2015 reported the titration process with significant reduction and better control of symptoms of withdrawal using Librium in conjunction with Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR (Morphine Sulphate) 15mg, 1 tablet three times a day as needed, #90 with 0 refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. MSIR is an immediate release opioid used for breakthrough pain. There is no documentation that the patient has a breakthrough pain. There was no documentation of pain relief or functional improvement with a previous use of narcotic. Therefore, the request for prescription for MSIR 15mg #90 is not medically necessary.

Valium 10mg, 1 tablet twice a day as needed, #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no documentation of efficacy with previous use of valium. Therefore, the prescription of Valium (Diazepam) 10mg #60 is not medically necessary.