

Case Number:	CM14-0143582		
Date Assigned:	09/12/2014	Date of Injury:	03/31/2005
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51 year-old female with date of injury 03/31/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/12/2014, lists subjective complaints as low back pain radiating into the left leg. Patient has a spinal cord stimulator. Objective findings: Tenderness appreciated in the midline over the upper thoracic segments just above the scar of the spinal cord stimulator lead implant. No trigger points or muscle spasm noted. Straight leg raising test was positive on the left. Diffuse tenderness over the bilateral L4 and L5 facets and sacral area, more on the left than the right. Range of motion for the lumbar spine was restricted and painful. Diagnosis: 1. Chronic pain syndrome 2. Lumbosacral spondylosis without myelopathy 3. Cauda equine syndrome with neurogenic bladder 4. Postlaminectomy syndrome, lumbar region 5. Neurogenic bowel 6. Depressive disorder, not elsewhere classified 7. Thoracic or lumbosacral neuritis or radiculitis 8. Obesity 9. Dietary surveillance and counseling. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Morphine Sulfate ER 30m, #90 SIG: po q 12 hours 2. Gralise 600mg, #60 SIG: two tablets at night 3. Norco 10/325mg, #120 SIG: one tablet q 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Morphine Sulfate ER 30mg #90 is not medically necessary.

Gralise 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs for Pain Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gralise 600mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient has been taking both MS Contin and Norco with no documentation of functional improvement. Norco 10/325mg #120 is not medically necessary.