

Case Number:	CM14-0182014		
Date Assigned:	11/06/2014	Date of Injury:	10/07/1992
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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:

The injured worker is a 59-year-old female who reported injuries of an unspecified mechanism on 10/07/1992. On 10/16/2014, her diagnoses included cervical post laminectomy syndrome, lumbar post laminectomy syndrome, complex regional pain syndrome, type 2, upper limb, chronic pain syndrome, and degeneration of lumbar intervertebral disc. Her complaints included cervical pain radiating to both upper extremities rated 4/10, alleviated 75% by her medications; and lumbar spinal pain which was not radiating, rated 3/10 to 7/10, alleviated by ice and medication and aggravated by physical activity. An examination of her lumbar spine revealed bilateral tenderness of the paraspinal region at L5. Her medications included Plavix 75 mg, a compounded medication consisting of Duramorph 14.1 mg/mL and bupivacaine 21.5 mg/mL, Crestor 5 mg, Dexilant 60 mg, diazepam 5 mg, Lisinopril 10 mg, MS Contin 15 mg, and warfarin 1 mg. Her intrathecal pump was refilled and confirmed via ultrasound. Both the MS Contin and the compounded medication were being administered for chronic pain syndrome. A Request for Authorization dated 10/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for MS Contin 15mg extended release (3) tabs in the AM and (4) tabs in the PM with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no quantity specified in the request. Therefore, this request is not medically necessary.

1 Prescription for duramorph 14.1mg/ml; bupivacaine 21.5mg/ml preservative free for IT pump #42: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. The requested quantity (#42) is unclear. Additionally, there was no rate of infusion included in the request. Therefore, this request is not medically necessary.