

Case Number:	CM13-0067852		
Date Assigned:	04/02/2015	Date of Injury:	10/04/2000
Decision Date:	05/14/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 56-year-old male who reported an injury on 10/04/2000. The mechanism of injury as the injured worker was sitting on the floor and struck his buttocks. Prior therapies included acupuncture, physical therapy, and pool therapy. The documentation of 12/12/2013 revealed a letter written and an appeal. The injured worker was noted to utilize Doc-Q-lace 100 mg 1 capsule twice a day, Flector 1.3% patches, Lidoderm 5% patches, cyclobenzaprine 5 mg, morphine sulfate IR 15 mg, Norco 10/325 mg, Lyrica 75 mg, and lactulose. The injured worker complained of low back pain that was constant. The injured worker had shoulder pain. The injured worker underwent an MRI of the lumbar spine. The documentation indicated the injured worker was utilizing Lyrica and the injured worker had changed from the dosage of 50 mg to 100 mg since 12/04/2013. This was noted to be a retro request for 75 mg used prior to the change in dosage. The injured worker was utilizing 75 mg for neuropathic pain and depression. The injured worker had neuropathic pain. The injured worker had utilized gabapentin in the past; however, discontinued secondary to diarrhea. The injured worker had no side effects and was tolerating the medication well. Regarding the morphine sulfate and Norco, the injured worker indicated he had pain relief and functional improvement with the use of the medications. The injured worker underwent a urine drug screen that was positive for opiates and tricyclics which was consistent. Regarding the use of lactulose, the injured worker was noted to have constipation secondary to narcotics. The injured worker was noted to have trialed Senna, docuprene sodium, and Metamucil, but remained symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate LR 15mg #90: Upheld

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

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

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 indicated the injured worker was monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for morphine sulfate IR 15 mg #90 is not medically necessary.

Norco 10/325mg #150: Upheld

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

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

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 indicated the injured worker was monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #150 is not medically necessary.

Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line treatment for neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 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 Lyrica 75 mg is not medically necessary.

Lactulose 10gm/15ml sol: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend that when initiating opioid therapy prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had side effects of constipation from the medication. The efficacy was provided. The request as submitted failed to indicate the frequency and the specific quantity of the requested medication. Given the above, the request for lactulose 10 gm/15 mL solution is not medically necessary.