

Case Number:	CM14-0208717		
Date Assigned:	12/22/2014	Date of Injury:	10/26/2000
Decision Date:	02/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old woman who sustained a work-related injury on October 26, 2000. Subsequently, the patient developed neck pain. Prior treatments included: physical therapy, modified duty, medications, cervical epidural steroid injections x5, medial branch blocks at left C3-6 with 50% decrease in pain and increased cervical motion (October 26, 2006), medial branch blocks at C3-6 with 75% relief for few hours (January 30, 2007), radiofrequency neurotomy at left C3-6 with relief of axial neck pain for 2 years with increased extension/rotation and essentially no neck pain (April 2, 2007), right sacroiliac joint injection, piriformis injection, and greater trochanteric injection with complaints of increased pain (January 28, 2008), repeat radiofrequency at left C3-6 with benefit but with continued constant headaches and tightness of shoulders and neck (August 20, 2009), and right lateral epicondyle cortisone injection. According to the progress report dated November 6, 2014, the patient complained of neck, low back, and hip pain. The patient had an episode in August where she accidentally took too much medication and ended up in the hospital. She has had several subsequent visits and has had a hard time getting medication straightened out. On examination, there was tenderness over left cervical facet column with cervical palpation. There was discomfort with extension and rotation of the cervical spine. There was tenderness over right lower lumbar facet column. There was positive right sided lumbar pain with extension/rotation. There was tenderness right sacroiliac joint and greater trochanter. Sensation of upper extremities was intact to touch bilaterally. Deep tendon reflexes were bilaterally equal and within normal limits. The patient was diagnosed with left cervical facet pain, right lumbar facet pain, and right trochanteric Bursitis. The provider requested authorization for Morphine IR, Valium, and Fiorinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg, #150 (DOS: 11/6/14) every 4-6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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>Morphine Sulfate 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. There is no justification of multiple narcotics. Therefore, the request for prescription for Morphine IR 15mg #150 is not medically necessary.

Valium 5mg, #120 (DOS: 11/6/14) every 6 hours as needed: 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 recent documentation that the patient have insomnia. Therefore, the prescription of Valium (Diazepam) 5mg #120 Tablet is not medically necessary.

Fiorinal, #60 (DOS: 11/6/14) 3 times a day as needed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fiorinal <http://www.webmd.com/drugs/2/drug-15819/fiorinal-oral/details>.

Decision rationale: Fiorinal is a combination of Caffeine, Barbiturate and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. Therefore, the request for the use of FIORINAL #60 is not medically necessary.