

Case Number:	CM14-0212166		
Date Assigned:	01/02/2015	Date of Injury:	07/11/2012
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Michigan, 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 patient is a 54-year-old man who sustained a work-related injury on July 11, 2012. Subsequently, the patient developed neck and back pain. Prior treatments included: medications, physical therapy, cervical fusion from C2 to C7 in 2011, thoracic fusion from T2 to T8 in August 1, 2012, lumbar fusion, bilateral rotator cuff injury with repair, L4-5 discectomy and laminectomy, left and right shoulder rotator cuff surgery, hip replacement, right carpal tunnel release, posterior cervical decompression and fusion, left quadriceps tendon repair, bilateral foot surgeries, and left total hip replacement. EMG performed on June 14, 2014 documented positive sensory motor axonal polyneuropathy. MRI of the lumbar spine dated June 30, 2014 showed multilevel disc disease. UDS collected on January 8, 2014 was consistent with Temazepam, Oxazepam, oxycodone, and Oxymorphone bu inconsistent with 9-carboxy THC. According to the progress report dated June 3, 2014, the patient complained of right leg, shoulder, and back pain. The report was hand written and the objective findings was eligible. The patient was diagnosed with persistent and chronic back pain and spinal trauma. The provider requested authorization for Morphine Sulfate and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 #60 with 2 refills is not medically necessary.

Morphine sulfate 60mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 93.

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. Therefore, the request for prescription for Morphine Sulfate 60mg #60 with 2 refills is not medically necessary.