

Case Number:	CM14-0216949		
Date Assigned:	01/06/2015	Date of Injury:	10/29/1990
Decision Date:	03/04/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year-old female with a 10/29/1990 date of injury. According to the 11/21/14 psychiatry report, the patient presents with chronic low back pain and bilateral lower extremity pain, 8/10 intensity. The patient is frustrated with the medication denials and does not understand why. Her diagnoses include: lumbar radiculopathy; chronic low back pain; failed back syndrome; neurogenic bowel and bladder; insomnia secondary to pain; and neuropathic pain. Medications were reported to help reduce pain, and improve quality of life. The 9/30/14 report used a VAS to describe pain relief and states the patient has 8/10 pain without medications and with medications it drops to 3-4/10. On 12/22/14 utilization review denied: (1) Morphine Sulfate ER 30mg, #60 because the reviewer does not believe it provides functional improvement; (2) Norco 10/325mg, #120 because it was denied previously and did not provide functional improvement; (3) Linzess 290mg, #30 because the Norco and MS ER was denied; (4) Soma 350mg, #20 because MTUS says it is not recommended; (5) Skelaxin 800mg, #60 because muscle relaxants are for short-term treatment of acute exacerbation of chronic pain; (6) Docusate 750mg #60 because Norco and MS ER were denied; (7) Flector patch 1.3%, #60 because the report does not show failure of first-line oral NSAIDs, and no reporting of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The patient has failed back syndrome with chronic pain. The medical records show she was stable with use of Morphine Sulfate that brought her pain levels down from 8/10 to 3-4/10 and improved the quality of life. The medication was denied, and her pain levels returned to 8/10 levels. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to lower the dose if it is working. The physician documented pain on each visit. There was use of a numeric scale, and he did report reduction of pain with use of the medication on the 9/30/14 evaluation. The patient is being monitored with drug screens, and has a pain agreement on file. The physician states the medication reduce pain, thereby allowing the patient to function and have a somewhat normal life. MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The patient has a satisfactory response to treatment. MTUS maintenance strategy for long-term users of opioids states "Do not attempt to lower the dose if it is working." The use of morphine sulfate ER is in accordance with MTUS guidelines. The request for Morphine Sulfate ER 30mg, #60 IS medically necessary.

Norco 10/325mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient has failed back syndrome with chronic pain. The medical records show she was stable with use of Norco and Morphine Sulfate that brought her pain levels down from 8/10 to 3-4/10 and improved the quality of life. The medication was denied, and her pain levels returned to 8/10 levels. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Also for Strategy for maintenance, MTUS states: Do not attempt to

lower the dose if it is working. The physician documented pain on each visit. There was use of a numeric scale, and he did report reduction of pain with use of the medication on the 9/30/14 evaluation. The patient is being monitored with drug screens, and has a pain agreement on file. The physician states the medication reduce pain, thereby allowing the patient to function and have a somewhat normal life. MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The patient has a satisfactory response to treatment. MTUS maintenance strategy for long-term users of opioids states "Do not attempt to lower the dose if it is working." The use of Norco 10/325mg is in accordance with MTUS guidelines. The request for Norco 10/325mg, #120 IS medically necessary.

Linzess 290mcg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient has failed back syndrome with chronic pain. The medical records show she was stable with use of Norco and Morphine Sulfate that brought her pain levels down from 8/10 to 3-4/10 and improved the quality of life. MTUS Chronic Pain Medical Treatment Guidelines, page 77 Under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that "Prophylactic treatment of constipation should be initiated."The use of Linzess is in accordance with the MTUS guidelines. The request for Linzess290mg, #30, IS medically necessary.

Soma 350mg, #20: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The patient has failed back syndrome with chronic pain. The patient has used Soma since 9/10/14. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodol 350), Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The records show the patient has used Soma for longer than a 3-week period. The continued use of Soma is not in accordance with MTUS guidelines. The request for Soma 350mg, #20 IS NOT medically necessary.

Skelaxin 800mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient has failed back syndrome with chronic pain. The patient has used Skelaxin since 9/10/14. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66 under Muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The records show the patient was taking Skelaxin for long-term use of chronic back pain. The guidelines state this is only for acute exacerbation of chronic pain, and short-term use. There was no report of an acute exacerbation and no indication that it was only for short-term use. The use of Skelaxin is not in accordance with the MTUS guidelines. The request for Skelaxin 800mg, #60, IS NOT medically necessary.

Docusae 750mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient has failed back syndrome with chronic pain. The medical records show she was stable with use of Norco and Morphine Sulfate that brought her pain levels down from 8/10 to 3-4/10 and improved the quality of life. MTUS Chronic Pain Medical Treatment Guidelines, page 77 under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that "Prophylactic treatment of constipation should be initiated." The use of Docusate is in accordance with the MTUS guidelines. The request for Docusate 750mg #60, IS medically necessary.

Flector Patch 1.3%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has failed back syndrome with chronic pain Her diagnoses include: lumbar radiculopathy; chronic low back pain; failed back syndrome; neurogenic bowel and bladder; insomnia secondary to pain; and neuropathic pain. The physician has requested use of Flector patches. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal antiinflammatory agents (NSAIDs) states these are indicated for Osteoarthritis and tendinitis, in

particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Flector patches use a topical diclofenac (NSAID). MTUS states topical NSAIDs are for joints amenable to topical treatment . MTUS does not recommend topical NSAID therapy for the spine, hips or shoulders. The use of Flector patches for chronic back pain is not in accordance with MTUS guidelines. The request for Flector patch 1.3%, #60 IS NOT medically necessary.