

Case Number:	CM14-0065232		
Date Assigned:	07/11/2014	Date of Injury:	01/03/1999
Decision Date:	06/17/2015	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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: Emergency 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 injured worker is a 60-year-old female, who sustained an industrial injury on 01/03/1999. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, lumbar surgeries (x2), and a pain pump placement. At the time of request for authorization (progress report dated 04/21/2015), the injured worker complained of continuing/chronic low back pain with radiation into the right lower extremity, and right leg pain. Review of the previous clinical notes show that the injured worker had been treated with Duragesic patches, morphine, and Miralax for more than a year. There were no pain assessment findings on this exam, and no reported measurable functional improvement. The diagnoses included failed lumbar back syndrome, lumbar radiculopathy, and fibromyalgia. The treatment plan consisted of Duragesic transdermal patches (non-certified), Morphine (modified), and Miralax (non-certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg/hr Transdermal Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): 78-79 of 127.

Decision rationale: The MTUS guidelines advise ongoing use of opioid type medication if certain criteria are met. These include documentation of pain relief as well as improvement in functional status. Pain assessment needs to include current pain, average pain, intensity of pain after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of drug-related aberrant behaviors. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition if the pain does not improve on opioids in 3 months. In this case, there is inadequate documentation of improvement in functional status or quality of life. As such, continued use of opioid medications would not be indicated. Opioids should be weaned down and not abruptly stopped in opioid tolerant patients, therefore Duragesic is not considered medically necessary.

Morphine 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 78-79 of 127.

Decision rationale: The MTUS guidelines advise ongoing use of opioid type medication if certain criteria are met. These include documentation of pain relief as well as improvement in functional status. Pain assessment needs to include current pain, average pain, intensity of pain after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of drug-related aberrant behaviors. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition if the pain does not improve on opioids in 3 months. In this case, there is inadequate documentation of improvement in functional status or quality of life. As such, continued use of opioid medications would not be indicated. Opioids should be weaned down and not abruptly stopped in opioid tolerant patients, therefore morphine is not considered medically necessary.

Miralax 17gram dose oral powder with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 88 of 127.

Decision rationale: The patient has a complex condition, which has been treated with opioid medication. Adverse events in general may limit the benefit of opioids. These adverse events include epigastric pain, nausea, vomiting, and commonly constipation. Weaker opioids are found to be less likely to produce adverse effects and stronger. If opioid type medications are titrated down, the side effects related to constipation will likely dissipate. As such, stool softeners would not be necessary.