

Case Number:	CM15-0110682		
Date Assigned:	06/17/2015	Date of Injury:	03/25/2006
Decision Date:	07/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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 48 year old female, who sustained an industrial injury on 3/25/06. She reported back pain with radiation to the right leg. The injured worker was diagnosed as having failed back surgery syndrome, lumbar neuropathy, lumbar degenerative disc disease, secondary median nerve compression, bilateral sacroiliac joint pain with gait abnormality, and opioid dependence. Treatment to date has included lumbar spine surgery on 1/17/11 and medication. On 5/18/15 mid-back pain was rated as 6/10, low back pain was rated as 8/10, buttock pain was rated as 7/10, and leg pain was rated as 8/10. The injured worker had been taking Morphine since at least 12/18/14. Currently, the injured worker complains of back pain, buttock pain, bilateral leg pain, and bilateral hand pain with weakness and numbness. The treating physician requested authorization for topical analgesic creams 20% x3 and Morphine IR 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic creams 20% three (3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, p6-7.

Decision rationale: The claimant sustained a work injury in March 2006 and continues to be treated for radiating back pain. She has a diagnosis of failed back surgery syndrome. When seen, pain was rated at 7/10. There was paraspinal muscle and facet joint tenderness. There was bilateral sacroiliac joint tenderness. There was decreased lumbar spine range of motion with positive straight leg raising. She had decreased lower extremity strength and sensation, decreased left lower extremity reflexes, and left lower extremity allodynia. Topical creams were being prescribed. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medications being prescribed are not specified and therefore, as this request was submitted, was not medically necessary.

Morphine IR 30 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in March 2006 and continues to be treated for radiating back pain. She has a diagnosis of failed back surgery syndrome. When seen, pain was rated at 7/10. There was paraspinal muscle and facet joint tenderness. There was bilateral sacroiliac joint tenderness. There was decreased lumbar spine range of motion with positive straight leg raising. She had decreased lower extremity strength and sensation, decreased left lower extremity reflexes, and left lower extremity allodynia. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 4 times that recommended. There is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life even at this dose. Ongoing prescribing at this dose was not medically necessary.