

Case Number:	CM15-0117994		
Date Assigned:	06/26/2015	Date of Injury:	02/10/1994
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 49-year-old male, who sustained an industrial injury on February 10, 1994. Treatment to date has included lumbar fusion, home exercise program, opioid medications, and assistive device. Currently, the injured worker complains of low back pain, which he describes as numbness, pins and needles. He has stabbing hip and left leg pain. He reports the pain is aggravated by daily activities and is alleviated with hot baths. He rates his current pain level a 7 on a 10-point scale. He notes that pain medications alleviate his pain at time providing a 40% relief in pain. On physical examination, the injured worker ambulates with an antalgic gait and uses a straight cane for assistance. He has decreased flexion extension of the lumbar spine and reports tenderness to palpation over the lumbar paraspinal muscles. He has a positive facet- loading test bilaterally. He has decreased sensation and strength in the left lower extremity. The diagnoses associated with the request include chronic pain syndrome, low back pain, radiculopathy of the lumbar spine to the left lower extremity, lumbar post-laminectomy syndrome, lumbar spine fusion and lumbar disc displacement. Medication list is very confusing. Medication list a huge polypharmacy with multiple opioids including norco, percocet, opana, morphine, roxicodone, naproxen, soma, flexeril and ibuprofen. It is unclear if this was ongoing medication or a list of prior medication. Provider only documents prescriptions for Percocet, Morphine, Soma and Ibuprofen. However, a urine drug screen dated 2/2/15 was positive for metabolites of hydrocodone, oxycodone, oxymorphone, cyclobenzaprine and THC leading to evidence that patient is in fact on multiple opioids. The treatment plan includes Morphine, Percocet, Lidoderm, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Ibuprofen 800mg (1 tablet by mouth 3 times a day), #90 (DOS: 04/06/2015):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Ibuprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on ibuprofen chronically for a year and may also be on naproxen with no documentation of any benefit. Chronic use of ibuprofen in combination with another NSAID is not recommended due significant long-term side effects. Ibuprofen is not medically necessary.

RETRO: Morphine 30mg (1 tablet every 8 hours as needed for pain), #90 (DOS: 04/06/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Morphine is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior is appropriate. Documentation provided is problematic. Provider lists a huge number of opioids that is corroborated by a urine drug screen. If the list of opioids is correct, patient is taking an astounding up to 400mg Morphine Equivalent Dose (MED) a day. Maximum recommended dose is 120mg as per MTUS guidelines. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Documentation also fails to document any real improvement in pain and documentation is contradictory. Provider documents 40% improvement in pain but patient still has reported 7/10 pain which does not make any rationale sense. Provider has increase dose of percocet and morphone despite claims of "improvement". Documentation shows no benefit from current opioid regiment and if patient is taking all the opioids as listed, patient is on massive dangerous levels of opioids. Morphine is not medically necessary.

