

Case Number:	CM15-0118526		
Date Assigned:	06/26/2015	Date of Injury:	06/15/2006
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 62 year old male, who sustained an industrial injury on 06/15/2006. He reported that he was thrown backwards landing on his tail bone after some teeth on his wrench broke and gave way while he was tightening a bolt. He reported injury to his back. Treatment to date has included medications, physical therapy, surgery and radiofrequency ablation.

According to a progress report dated 06/09/2015, the injured worker complained of ongoing low back pain from the 2006 injury. Increased function with MS Contin and Norco was noted. Voltaren was helping with flare-ups along with Prilosec for gastrointestinal flare-ups. Prilosec was helping. Muscle relaxants and NSAID was not working well. Voltaren was better. Norco and Morphine were helping. Medication use was appropriate with no adverse side effects. Functionality was stable. There were no aberrant drug related behaviors. Current medications included MS Contin 15mg four times a day, Norco 10-325 mg every six hours as needed for pain, Omeprazole 20 mg twice a day, Voltaren XR 100mg twice a day as needed for pain, Amlodipine Besylate 10 mg (other MD) and Paroxetine Hcl 20 mg (other MD). Past medical history included status post L5-S1 decompression, depression and hypertension. Diagnoses included chronic pain syndrome, lumbago, facet syndrome, post-laminectomy syndrome of lumbar region and other pain disorder related to psychological factors. The treatment plan included Abilify 2 mg by mouth every day quantity 30, MS Contin 15 mg three times a day quantity 90, Norco 10-325 mg every six hours as needed for pain quantity 120, Omeprazole 20 mg by mouth twice a day quantity 60 and Voltaren XR 100 mg by mouth twice a day as needed

for pain quantity 60. Currently under review is the request for Morphine Sulfate Tab 15mg ER day supply: 30, Qty: 90 and Hydrocodone/APAP tab 10/325mg day supply: 30, Qty: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Tab 15mg ER day supply: 30, Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to CA MTUS and ODG, Morphine Sulfate ER is an opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant, or non-adherent, drug-related behaviors. In this case, there is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with this medication is not medically necessary.

Hydroco/APAP tab 10/325mg day supply: 30, Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the CA MTUS and ODG, Vicodin (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any

opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant, or non-adherent, drug-related behaviors. In this case, there is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Hydrocodone/Acetaminophen 10/325 mg is not medically necessary.