

Case Number:	CM15-0172600		
Date Assigned:	09/14/2015	Date of Injury:	08/27/2003
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This injured worker is a 35 year old male who reported an industrial injury on 8-27-2003. His diagnoses, and or impression, were noted to include: lumbosacral radiculitis; and post-lumbar laminectomy syndrome. Recent toxicology screenings were noted on 4-14-2015, 5-14-2015 & 8-3-2015; no current imaging studies were noted. His treatments were noted to include: lumbar surgery in 2010; epidural steroid injection therapy; psychological testing for pain management treatment; and medication management with toxicology studies. The pain management progress notes of 8-3-2015 reported an interval follow-up visit regarding his ongoing chronic low back pain; having last been seen in 2013 after a parting of the ways due to red flags such as receiving pain medication from more than one provider, but that since that time he had been diligent in following up with only one pain clinic; chronic, radiating, post-lumbar laminectomy syndrome low back pain, rated 6 out of 10, aggravated by weather changes, movement, physical activity and activities of daily living, and relieved by sleep and rest; and generalized pain. The objective findings were noted to include: mild distress; lumbar facet reveals pain in the bilateral lumbosacral region; pain over the lumbar inter-vertebral spaces-discs; an antalgic gait; painful lumbar extension of 15 degrees; left & right lateral flexion caused pain; and a score of 30%, or moderate disability, on the Oswestry Disability Exam performed at that visit. The physician's requests for treatments were noted to include Morphine 30 mg twice a day, Hydrocodone 3 a day, and also Soma 350 mg 1 twice a day. The pain management progress notes of 2-20-2015 noted the initiation of MS Contin, Norco, Soma and Ambien from their office. No Request for Authorization for these services were noted in the medical records provided. The Utilization

Review of 8-17-2015 non-certified Morphine 30 mg #60, Soma 350 mg #60, and Hydrocodone 10-425 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: The claimant sustained a work injury in August 2003 and continues to be treated for chronic radiating back pain and has a history of a lumbar fusion in March 2010. In May 2015 pain was rated at 6/10 and pain medications were not helping enough. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Urine drug screening performed included findings of cocaine and alprazolam metabolites. In June 2015 opioid medications were discontinued after review of the inconsistent urine drug screening from the month before. The claimant was seen by the requesting provider on 08/03/15. He had been seen in 2013 and discharged due to red flags including receiving medications from more than one provider. He is reported as requesting to come back secondary to issues regarding appropriate paperwork needing to be filled out. The claimant indicated that he had been compliant with the other provider's treatment program. He had pain rated at 6/10. Physical examination findings included lumbar facet tenderness. There was decreased and painful lumbar spine range of motion and an antalgic gait. MS Contin, hydrocodone, and Soma were prescribed, at a total MED of 90 mg per day. Urine drug screening was performed. Guidelines suggest that if there are repeated violations from a medication contract or any other evidence of abuse, addiction, or possible diversion that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. In this case, there was evidence of prior medication misuse from more than one provider, including the provider making this request. The prescribing of MS Contin cannot be accepted as being medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: The claimant sustained a work injury in August 2003 and continues to be treated for chronic radiating back pain and has a history of a lumbar fusion in March 2010. In

May 2015 pain was rated at 6/10 and pain medications were not helping enough. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Urine drug screening performed included findings of cocaine and alprazolam metabolites. In June 2015 opioid medications were discontinued after review of the inconsistent urine drug screening from the month before. The claimant was seen by the requesting provider on 08/03/15. He had been seen in 2013 and discharged due to red flags including receiving medications from more than one provider. He is reported as requesting to come back secondary to issues regarding appropriate paperwork needing to be filled out. The claimant indicated that he had been compliant with the other provider's treatment program. He had pain rated at 6/10. Physical examination findings included lumbar facet tenderness. There was decreased and painful lumbar spine range of motion and an antalgic gait. MS Contin, hydrocodone, and Soma were prescribed, at a total MED of 90 mg per day. Urine drug screening was performed. Guidelines suggest that if there are repeated violations from a medication contract or any other evidence of abuse, addiction, or possible diversion that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. In this case, there was evidence of prior medication misuse from more than one provider, including the provider making this request. The opioid medications prescribed cannot be accepted as being medically necessary. In terms of Soma (carisoprodol), the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

Decision rationale: The claimant sustained a work injury in August 2003 and continues to be treated for chronic radiating back pain and has a history of a lumbar fusion in March 2010. In May 2015 pain was rated at 6/10 and pain medications were not helping enough. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Urine drug screening performed included findings of cocaine and alprazolam metabolites. In June 2015 opioid medications were discontinued after review of the inconsistent urine drug screening from the month before. The claimant was seen by the requesting provider on 08/03/15. He had been seen in 2013 and discharged due to red flags including receiving medications from more than one provider. He is reported as requesting to come back secondary to issues regarding appropriate paperwork needing to be filled out. The claimant indicated that he had been compliant with the other provider's treatment program. He had pain rated at 6/10. Physical examination findings included lumbar facet tenderness. There was decreased and painful lumbar spine range of motion and an antalgic gait. MS Contin, hydrocodone, and Soma were prescribed, at a total MED of 90 mg per day. Urine drug screening was performed. Guidelines suggest that if there are repeated violations from a medication contract or any other evidence of abuse, addiction, or possible diversion, that a patient show evidence of consultation with a physician

trained in addiction treatment for assessment of the situation and possible detoxification. In this case, there was evidence of prior medication misuse from more than one provider, including the provider making this request. The prescribing of Norco (hydrocodone/acetaminophen) cannot be accepted as being medically necessary.