

Case Number:	CM15-0074308		
Date Assigned:	04/24/2015	Date of Injury:	03/19/1997
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 50 year old male injured worker suffered an industrial injury on 03/19/1997. The diagnoses included failed back surgery syndrome with intractable lumbar low back pain, lumbar radiculopathy, fibromyalgia, insomnia, stress and depression. The diagnostics included lumbar computerized tomography. The injured worker had been treated with medications and spinal cord stimulator, which is no longer effective. On 3/26/2015, treating provider reported chronic intractable low back pain and lower extremity pain rated at 6 to 7/10. The injured worker had an impaired gait. There was documentation of suicidal thought that was collaborated by the mother. Spinal surgery was pending approval. The treatment plan included Morphine Sulfate and post-operative Oxycontin. The medications listed are Lyrica, Miralax, Celebrex, MSIR and OxyContin. The UDS reports showed prescribed opioids and lorazepam that is not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids. Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid can be utilized for the short term treatment of severe musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, addiction, dependency, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the subjective complaints and objective findings had not resulted in significant functional restoration despite high dose opioid utilization indicating possible opioid induced hyperalgesia. There is ongoing significant co-existing psychosomatic disorders that have not been effectively management with antidepressants, anticonvulsants and behavioral therapy. The guidelines noted that there is reduction in surgery, pain injections and medications efficacy in patients with significant history of psychiatric disorders. The incidence of abuse, addiction, diversion and adverse medications interactions is increased. It is recommended that patient with significant psychiatric disorders that are utilizing high dose opioids be referred to Pain Programs or Addiction centers for safe weaning of opioids. The criteria for the use of MSIR 30mg #120 is not medically necessary.

Oxycontin 40mg #90-post op surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid can be utilized for the short term treatment of severe musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, addiction, dependency, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the subjective complaints and objective findings had not resulted in significant functional restoration despite high dose opioid utilization indicating possible opioid induced hyperalgesia. There is ongoing significant history of co-existing psychosomatic disorders that have not been effectively management with antidepressants, anticonvulsants and behavioral therapy. The guidelines noted that there is reduction in surgery, pain injections and medications efficacy in the presence of significant psychiatric disorders. There is no indicating for the utilization of a secondary long acting extended release opioid medication for the management of post-operative pain in patients already on chronic opioid medications treatment. The criteria for the use of OxyContin 40mg #90 for post-op surgery pain is not medically necessary.