

Case Number:	CM15-0098024		
Date Assigned:	05/29/2015	Date of Injury:	12/06/2007
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, California
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial/work injury on 12/6/07. He reported initial complaints of low back and leg pain. The injured worker was diagnosed as having lumbar spondylosis, lumbar post laminectomy syndrome, lumbar radiculitis, sacroiliac joint pain, chronic pain syndrome, and insomnia. Treatment to date has included medication, steroid epidural injection, neurostimulator (2010), and surgery (spinal surgery with fusion and battery replacement 12/2013). Currently, the injured worker complains of increased back pain, s/p fusion about 2 years prior, but leg pain has improved with medication and neurostimulator use. Per the primary physician's progress report (PR-2) on 4/13/15, examination reveals joint pain in lower extremities and low back pain. There was report of setting issues with neurostimulator device. Current plan of care included medication (Celebrex, Cymbalta, Levorphanol, and Zolpidem) for chronic pain syndrome, epidural steroid injection, continue exercise and activity. The requested treatments include Levorphanol Tartrate 2mg. The medication list include Celebrex, Cymbalta, Zolpidem and Levorphanol. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol Tartrate 2mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Levorphanol Tartrate 2mg Qty 120. Levorphanol Tartrate Tablets USP are indicated for the management of moderate to severe pain where an opioid analgesic is appropriate. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications (like anticonvulsants), without the use of Levorphanol, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Levorphanol Tartrate 2mg Qty 120 is not established for this patient. The request is not medically necessary.