MAXIMUS Federal Services

Case Number:	CM15-0099053		
Date Assigned:	06/01/2015	Date of Injury:	05/03/2011
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 05/03/2011. Diagnoses include degeneration of lumbar or lumbosacral intervertebral discs. Treatment to date has included diagnostic studies, medication, trigger point injections, use of heat, ice, rest, and gently stretching exercises, and aquatic therapy. Current medications include Norco 10/325mg three times a day, Morphine Sulfate Extended Release 30mg three times a day, and Morphine sulfate Extended Release 15mg three times a day, Flexeril 10 mg three times a day, Klonopin 1mg at hour of sleep, and Lidoderm patches 5%. A physician progress note dated 04/14/2015 documents the injured worker presents for a routine visit and medication refill. He complains of right sciatic pain. He has had decreased pain and increased ranger of motion after the trigger point injections. At the right T5 he is describing a sharp and stabbing sensation and it radiates into this right chest wall upon deep inspirations. His pain level without medications is 8-9 out of 10 and with medications as 5-6 out of 10. His pain medications, activity restriction and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living. He has diffused right upper extremity, bilateral lumber region and sacroiliac joint pain. He has continued mild depression and suffering from Post-Traumatic Stress Disorder. Cervical range of motion is limited and there is exquisite tenderness with light palpation worse on the right. There are multiple trigger points. He is unable to forward flex due to pain. He has positive Straight Leg raise. The treatment plan includes continued use of heat, ice, and gentle stretching and exercise, follow up visit in one month, and right T6, L5-S1 epidural steroid

injections. Treatment requested is for Morphine sulfate ER 15mg #90, Morphine sulfate ER 30mg #90, and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review inappropriately denied all three requested opioids without consideration of modification to facilitate weaning. In this case, because the patient should be weaned from the medications, the request is considered medically necessary; from this point, appropriate weaning protocol should be implemented to allow for a safe and effective course in decreasing opioid dependency.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding

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