

Case Number:	CM13-0035738		
Date Assigned:	12/13/2013	Date of Injury:	09/17/2010
Decision Date:	01/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with a date of injury of 9/17/10. A utilization review determination dated 10/4/13 recommends non-certification of morphine sulfate 15 mg #180 and Duragesic patch 50 mg/hr #10. The previous reviewing physician recommended non-certification of morphine sulfate due to lack of documentation that "prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The previous reviewing physician recommended non-certification of Duragesic patch due to lack of documentation that "the patient requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; the patient has demonstrated opioid tolerance; and no contraindications exist." A progress report dated 9/16/13 identifies subjective complaints including, "bilateral neck pain, right shoulder pain, and bilateral wrist pain...8/27/13 UDS results which were consistent with medications." Objective examination findings identify, "tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-C7 facet joints...tenderness upon palpation of the right shoulder and the right wrist...right shoulder range of motion is limited by pain in all directions...impingement signs...positive...cervical ranges of motion were restricted by pain in all directions..." Diagnoses state, "bilateral cervical facet joint pain at C4-5, C5-6, C6-7; cervical facet joint arthropathy; bilateral upper cervical facet joint pain at C2-3, C3-4; anterior cervical discectomy and fusion at C5-6; right shoulder rotator cuff tear; right shoulder internal derangement; right shoulder impingement; right shoulder pain; bilateral wrist pain." Treatment plan recommends, "...morphine sulfate 15 mg 1-2 tabs p.o. q. 4 hour p.r.n. pain #80 with 0 refills, Duragesic patch 50 mg/ho

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Original Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: Regarding the request for morphine sulfate, an opioid, California MTUS states that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the request was non-certified as there was no documentation that "prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Subsequent documentation identified that the medication provided 40% improvement of the patient's breakthrough pain with maintenance of her activities of daily living such as self-care, dressing, and food preparation. The documentation does not suggest that opioids are being prescribed by any other providers and urine drug screens are noted to be consistent, suggesting that the medications are taken as directed. Therefore, the currently requested morphine sulfate is medically necessary.

Duragesic Patch 50mg/hr #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Original Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: Regarding the request for Duragesic patch, an opioid, California MTUS states that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the request was non-certified as there was no documentation that "the patient requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; the patient has demonstrated opioid tolerance; and no contraindications exist." Subsequent documentation identified that the patient has severe pain that requires continuous around the clock opioid dosing for a long period of time, is an opioid tolerant patient that has

failed all non-opioids, and is not adequately controlled with a combination of immediate-release opioids. It also noted that the patch provides 50% improvement of her continuous pain and allows her to perform activities of daily living such as self-care and dress. The documentation does not suggest that opioids are being prescribed by any other providers and urine drug screens are noted to be consistent, suggesting that the medications are taken as directed. Therefore, the currently requested Duragesic patch is medically necessary.