

<b>Case Number:</b>	CM14-0172528		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in North Carolina. 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/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:

The injured worker is a 45-year-old male who reported an injury on 01/24/2002 due to a fall after being struck by a sledge hammer to the abdomen. The injured worker has a diagnosis with abdominal strain, right shoulder strain and cervical sprain. Past medical treatment included medications, injections, left shoulder arthroscopic surgery, acupuncture, physical therapy, heat, and chiropractic therapy. Diagnostic studies included an x-ray of the cervical spine on 04/04/2013, an MRI of the cervical spine on 07/21/2008 and 02/10/2003, and an EMG/NCV on 10/10/2002. There was no pertinent surgical history. On 09/30/2014, the injured worker reported experiencing pain in his abdomen, right shoulder, and neck which he had been feeling for 19 years. The severity of his pain was severe and occurred constantly, generally worse during nights. The injured worker described his pain as burning, sharp, and dull on 09/30/2014. The injured worker also associated his pain with numbness and weakness in his upper and lower extremities. The pain was located in his right shoulder and neck. He felt an increase in pain when standing and a decrease when lying down. The physical examination was not provided for the clinical visit on 09/30/2014. Medications included morphine sulfate 15 mg, hydrocodone/acetaminophen 10/325 mg, omeprazole 20 mg, propranolol 20 mg, and Xanax XR 3 mg. The treatment is for morphine sulfate ER 15 mg #60, Norco 10/325 mg #120, and Prilosec 20 mg #30. The rationale for the request was not submitted. The Request for Authorization form was submitted on 09/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine, On-Going Management Page(s): 96,78.

**Decision rationale:** The request for Morphine Sulfate ER 15 mg #60 is not medically necessary. The injured worker described his pain as burning, sharp, and dull on 09/30/2014. The California MTUS Guidelines state morphine is not recommended as a primary treatment for persistent pain. The use of opioid analgesics for chronic noncancerous pain is controversial. One randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The guidelines also recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. There is a lack of documentation the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. The guidelines do not support the use of morphine for persistent pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The request for Norco 10/325 mg #120 is not medically necessary. The injured worker described his pain as burning, sharp, and dull on 09/30/2014. The California MTUS Guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. There is a lack of documentation indicating the injured worker has improved function and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine

drug screening has been performed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Norco 10/325 mg #120 is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDS Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg #30 is not medically necessary. The injured worker described his pain as burning, sharp, and dull on 09/30/2014. The California MTUS Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low dose ASA). The injured worker has a history of gastroesophageal reflux disease. There is lack of documentation the injured worker is being treated or has a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low dose ASA). Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.