

Case Number:	CM14-0187658		
Date Assigned:	11/17/2014	Date of Injury:	04/01/2001
Decision Date:	12/02/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, thoracic outlet syndrome, myofascial pain syndrome, and low back pain reportedly associated with an industrial injury of April 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; and extensive periods of time off work. In a utilization review report dated November 1, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes, while denying extended release morphine outright. The applicant subsequently appealed. In a handwritten letter dated November 10, 2014, the applicant complained that extended release Morphine (Kadian) was not lasting the full 12 hours. The applicant posited that she would not be able to perform meals, do laundry, or shop effectively. The applicant stated that she would, in effect, be rendered bedridden without her medications. The applicant stated that the combination of Kadian (long-acting Morphine) and Neurontin was needed to effectively manage her pain. The applicant posited that her blood pressure would become uncontrollable owing to heightened pain complaints. In an April 2, 2014, progress note, the applicant reported ongoing complaints of multifocal neck, upper back, and lower back pain with derivative complaints of anxiety and depression. The applicant acknowledged that she had difficulty sleeping secondary to pain and discomfort. The applicant acknowledged that her pain was impacting her ability to interact with others and her ability to concentrate. Kadian, Norco, Tizanidine, Neurontin, and Colace were endorsed. Twelve sessions of aquatic therapy were also sought. The applicant was asked to try meditating and stretching at home. It was acknowledged that the applicant was not working and was receiving [REDACTED] benefits at age 55, in addition to

workers' compensation indemnity benefits. In a later note dated July 25, 2014, the applicant reportedly remained depressed and anxious. It was stated that the applicant was experiencing constant, intractable low back pain in one section of the note, while another section of the note stated that her current combination of medications and trigger point injections was allowing her to perform activities of daily living. This was not elaborated or expounded upon. It was acknowledged that the applicant was not working. Kadian, Norco, Tizanidine, Neurontin, and Colace were renewed. On August 28, 2014, it was again stated that the applicant had constant, intractable neck, upper back, and lower back pain in one section of the note. The applicant was having difficulty ambulating, it was stated in another section of the note. The applicant was given various diagnoses, including cervical radiculopathy, thoracic outlet syndrome, compression fracture of the T8 vertebral body, myofascial pain syndrome, lumbar radiculopathy, and opioid tolerance. Kadian, Norco, Tizanidine, Neurontin, and Colace were endorsed. It was acknowledged that the applicant was not working. While the attending provider stated in one section of the note that the applicant's activities of daily living were improved through medication consumption and trigger point injections, other sections of the note stated that the applicant's pain complaints were so profound that they were impacting her general activity levels, enjoyment of life, ability to interact with others, and ability to concentrate. The note was highly templated and largely unchanged when contrasted against prior notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER capsule 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The applicant is receiving both workers' compensation indemnity and [REDACTED] benefits. Neither the applicant nor the attending provider has outlined any material improvements in function achieved as a result of ongoing opioid therapy. The applicant's commentary to the effect that she would be bedridden without her medications does not, in and of itself, constitute substantive improvement with the same. While some of the attending provider's progress notes suggest that the applicant was deriving some analgesia from opioid therapy. These comments are outweighed by the applicant's failure to return to work and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing opioid usage, including ongoing morphine usage. The attending provider's commentary to the effect that the applicant's pain is impacting her ability to enjoy life, impacting her ability to concentrate, and interfering with her ability to socialize with other people does, it is further noted, outweigh any comments to the effect that the applicant was reporting some reduction in pain scores with ongoing medication

consumption. Therefore, the request for Morphine Sulfate ER 80mg, #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off work. The applicant is receiving both workers' compensation indemnity benefits and [REDACTED] benefits. Neither the applicant nor the attending provider has outlined any material improvements in function achieved as a result of ongoing medication usage. The applicant's commentary to the effect that she would be bedridden without her medications does not, in and of itself, constitute substantive improvement with ongoing opioid therapy, including ongoing Norco usage. The attending provider's incongruous reporting of the applicant's symptoms, including progress notes stating that the applicant has "constant, intractable pain" and commentary to the effect that the applicant is having difficulty interacting with others, difficulty socializing, and difficulty enjoying life owing to ongoing pain complaints do not make a compelling case for continuation of Norco usage. Therefore, the request for Hydrocodone -APAP 10/325mg #60 is not medically necessary.