

Case Number:	CM14-0047682		
Date Assigned:	07/02/2014	Date of Injury:	06/05/2003
Decision Date:	09/16/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/16/2014

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 reportedly associated with an industrial injury of June 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; prior shoulder surgery; and trigger point injections. The applicant, it is incidentally noted, has alleged pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. In a Utilization Review Report dated April 5, 2014, the claims administrator approved a request for extended release Kadian and denied a request for morphine sulfate, denied a second request for extended release Kadian, and partially certified Soma, seemingly for weaning purposes. In January 8, 2008 medical-legal evaluation, it was suggested that the applicant was not working and was a candidate for vocational rehabilitation benefit. In a later progress note of June 24, 2014, the applicant presented with persistent complaints of low back pain. The applicant stated that he was having heightened complaints of breakthrough pain despite ongoing usage of long-acting opioids. The applicant's pain was present 100% of the time, it was stated. The applicant's average level of pain is 5/10. The applicant reported 60% pain relief with medications. The applicant was able to walk up to 45 minutes continuously. The applicant was able to sit up to 60 minutes continuously, it was stated. It was stated that the applicant was permanently disabled. The applicant was using a cane to move about. The applicant had issues with difficulty sleeping, it was acknowledged. The applicant was given an increased dosage of morphine and asked to pursue trigger point injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 includes 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 of work. The applicant has been deemed "permanently disabled." While the attending provider has stated that the applicant's pain levels have been reduced temporarily with ongoing opioid usage, there have been no clearly documented improvements in function achieved as a result of ongoing opioid therapy. The applicant is having difficulty performing even basic activities of daily living, such as standing and walking and is apparently using a cane to move about, it is suggested. The attending provider has not expounded or elaborated upon which activities of daily living (if any) have specifically been ameliorated as a result of ongoing opioid therapy. The applicant's temporary reductions in pain, while present, are seemingly offset by the attending provider's failure to document any concrete improvement in terms of performance of activities of daily living and the fact that the applicant is off of work. Therefore, the request for morphine sulfate is not medically necessary.

Kadian ER 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 includes 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 of work and has been deemed permanently disabled. Despite the fact that the attending provider has reported some reductions in pain achieved as a result of ongoing opioid therapy, these appear to be outweighed by the applicant's failure to return to any form of work and difficulty performing even basic activities of daily living such as standing and walking. Therefore, the request is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is, in fact concurrently using several opioid agents, including Kadian and Morphine IR. Adding Soma to the mix, particularly for the long-term use purpose for which is being sought here, some 10+ years removed from the date of injury, is not recommended. Therefore, the request is not medically necessary.