

<b>Case Number:</b>	CM14-0074370		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Orthopedic Surgery 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:

This is a 47-year-old female who sustained a vocational injury on 10/31/11. The medical records provided for review include an office note dated 04/15/14 documenting diagnoses of cervical spondylosis with left-sided suspected facet pain at C4-5 and C5-6, chronic left neck and shoulder pain, status post arthroscopic surgery on the left shoulder on 06/10/13 and decreased range of motion of the left shoulder. On 04/15/14 the claimant complained of left-sided neck and shoulder pain despite surgery. It was documented that an evaluation by an orthopedic surgeon determined that her left shoulder progress was acceptable. Physical examination of the neck and cervical spine revealed pain with tenderness overlying the C4-5 and C5-6 facet joints and corresponding muscle spasm, decreased range of motion. The documentation stated that the claimant had an injection in her posterior shoulder by an orthopedic surgeon the previous month, which did not change her neck pain but did give her transient relief of her left shoulder pain. It was documented that a previous MRI of the cervical spine from 01/06/12 showed mild scoliosis convexity to the left. The vertebral bodies were normal height. There is no evidence of disc bulge or herniation. Cervical cord and spinal cord were intact. There were no degenerative changes demonstrated. The neural foramen was patent. The claimant was diagnosed with mild scoliosis convexity to the left with no evidence of disc herniation or disc bulge. It was noted that the claimant had a drug screen performed on 12/19/13, which was inconsistent with opioid drug treatment protocol and narcotic contract, and the results indicated that the claimant had Oxycodone and Oxymorphone in her urine; the claimant was prescribed only Cyclobenzaprine, Morphine and Norco. The patient denied taking any Percocet or Oxycodone and a repeat drug screen was performed, which was positive for Oxycodone again. At that time, it appeared there had been a breach of the narcotic contract. There are numerous requests for medications of which the first is Morphine extended release 15 mg one tab every morning dispensed #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MORPHINE ER 15MG 1 TAB EVERY MORNING #30:** Upheld

**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, criteria for use; Opioids for chronic pain; Opioids, Page(s): 76-80; 80-82; 74-96.

**Decision rationale:** California Chronic Pain Guidelines do not support the long term use of opioids for chronic pain. The medical records do not contain any documentation that the claimant's level of functionality has been improved with opioid treatment of Morphine extended release. There is a lack of documentation of a recent drug screen confirming that the claimant has been compliant with narcotic medications given the fact that the claimant had an abnormal drug screen in December of 2013. There is a lack of documentation the claimant has attempted and failed traditional first-line conservative treatment options such as Tylenol and antiinflammatories along with a home exercise program prior to considering, recommending and utilizing narcotic medication. There is no documentation in the office notes suggesting and confirming subjective complaints and abnormal physical exam objective findings to support ongoing narcotic usage. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the continued use of Morphine 50 mg extended release one tablet daily is not medically necessary and appropriate.

### **NORCO 10/325 Q6-8 HOURS AS NEEDED, LIMIT 2 PER DAY #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 77-80; 80-82.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support the long term use of opioids Norco for chronic pain. There is a lack of documentation of a recent drug screen confirming that the claimant has been compliant with narcotic medications given the fact that the claimant had an abnormal drug screen in December of 2013. There is a lack of documentation the claimant has attempted and failed traditional first-line conservative treatment options such as Tylenol and antiinflammatories along with a home exercise program prior to considering, recommending and utilizing narcotic medication. The medical records do not identify subjective complaints and abnormal physical exam objective findings to support ongoing narcotic usage. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the continued use of Norco is not medically necessary and appropriate.

**GABAPENTIN 600MG1 TAB 2X DAY #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Specific Anti-epilepsy drugs Page(s): 49; 18-19.

**Decision rationale:** According to the Chronic Pain Guidelines, Gabapentin is considered an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgias and be considered a first-line for neuropathic pain. Currently, there is no documentation presented for review suggesting these diagnoses to support the medical necessity of the ongoing treatment of Gabapentin. Previous utilization review determination as well as documentation presented for review suggests the claimant was to be weaned off of Gabapentin nearly six months ago. The medical records do not identify subjective complaints or abnormal physical exam objective findings to support the use of Gabapentin. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the continued use of Gabapentin is not medically necessary and appropriate.