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| Case Number: | CM14-0182549 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 06/16/2008 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Anesthesiology, 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 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 44-year-old female with a 6/16/08 date of injury, due to cumulative trauma. The patient underwent bilateral carpal tunnel release in 09/2009 and bilateral rotator cuff repair in 08/2011. The patient was seen on 9/22/14 with complaints of 6/10 intermittent daily neck pain, radiating to the 4th and 5th fingers and thumb. The patient also reported pain in the right shoulder, arm and forearm. The patient was utilizing 3-4 Norco tablets a day and began utilizing Morphine twice a day a couple of weeks ago. Exam findings of the cervical spine revealed spasm, guarding and positive Spurling's maneuver. The range of motion of the cervical spine was decreased and the motor exam of the bilateral upper extremities showed decreased strength in the bilateral deltoid muscle and in the left biceps and triceps. The authorization for a C4-5, C5-6 anterior cervical fusion was requested. The diagnosis is shoulder sprain, cervical spinal stenosis, joint pain, neck sprain, myalgia, rotator cuff syndrome, cervical disc degeneration, and cervical disc displacement. Treatment to date: bilateral carpal tunnel release, bilateral rotator cuff repair, work restrictions, massage, heat patches and medications. An adverse determination was received on 10/27/14 for a lack of decrease in pain or functional improvement. The request for Morphine ER 15mg #60 was modified to #30 and weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been noted to utilize 2 tablets of Morphine and 3-4 tablets of Norco a day, however she still complained of 6/10 pain in the neck and right upper extremity. In addition, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Lastly, the UR decision dated 10/27/14 modified the request for Morphine ER 15mg #60 modified to #30 for a purpose of weaning. Therefore, the request for Morphine ER 15mg #60 was not medically necessary.