

Case Number:	CM14-0193155		
Date Assigned:	11/26/2014	Date of Injury:	10/22/1982
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with a date of injury of 10/22/1982. The listed diagnoses are: 1. Facet arthropathy, cervical. 2. Cervical discogenic spine pain. 3. Failed neck surgery syndrome. 4. Headache. 5. Chronic pain. 6. Failed back surgery syndrome. 7. Cervical myofascial pain syndrome. 8. Back pain, lumbar. According to progress report 10/28/2014, the patient presents with ongoing neck pain that radiates to the right arm. Previous pain on a good day was noted as 6/10, current pain on a good day is 6/10, and previous pain on a bad day is 9/10. Alleviating factors of pain are heat, rest, lying down, medications, and massage. The patient's current medication includes Seroquel 50 mg, morphine sulfate 15 mg, Valium 10 mg, estradiol 1 mg, Provera, and Lexapro. Physical examination revealed diffuse tenderness/spasm, right more than left, and tenderness over the occiput, right more than left. There is tenderness and increased pain with extension. Sitting straight leg raise is positive bilaterally. Decreased strength and sensory was noted in the right upper extremity. A urine toxicology screen was ordered and patient was instructed to continue with medication and warned not to operate motor vehicle or heavy machinery if tired or mentally foggy secondary to medications. The treating physician provided "goals" which included "decrease pain, enhance sleep, improve mobility, improve self-care, increase recreation activity, increase social activities, increase physical activities, housework/employment." The medical reports do not indicate a work status. The request is for a refill of medication, including morphine sulfate and Valium. The utilization review denied the request on 11/17/2014. Treatment reports from 02/04/2014 through 11/10/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf, Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, [REDACTED] and [REDACTED] review article from the New England Journal of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with continued neck pain that radiates into the right arm. She also complains of chronic low back pain. The current request is for morphine sulfate 15 mg #90 (1 p.o. q.6 hrs p.r.n.). MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been prescribed morphine sulfate since at least 02/04/2014. Progress reports continually include pain scales indicating current and previous pain on a good and bad day. There are also multiple UDS provided which are consistent with the patient's medication regimen. It is also noted that CURES database is reviewed routinely. Opioid risk scanning questionnaire is completed and on file. The treating physician has also provided goals to be obtained with physical therapy and medications. In this case, recommendation for further use of morphine sulfate cannot be supported as there are no discussions of any functional improvement or changes in ADLs with taking long-term morphine sulfate. Multiple UDS are provided to confirm medication compliance and CURES report has been reviewed, but there is no discussion of possible adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested morphine sulfate is not medically necessary.

Valium 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: This patient presents with continued neck pain that radiates into the right arm and also complains of chronic low back pain. The current request is for Valium 10 mg #20 (1 p.o. q.d. p.r.n.). The MTUS Guidelines page 24 have the following regarding benzodiazepines,

"Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, this patient has been prescribed Valium since at least 02/04/2014 and MTUS Guidelines recommend maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary.