

Case Number:	CM14-0197868		
Date Assigned:	12/08/2014	Date of Injury:	10/22/1982
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 Medicine, Acupuncture 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:

Injured worker is a 62 year old female with date of injury 10/22/1982. Date of the UR decision was 11/07/2014. A specific mechanism of injury has not been described, however she suffers from neck pain and radiating to the right arm. Previous Treatments have included Nerve Blocks/Injections, Epidural Steroids, Chiropractor Narcotic Pain Medication Physical Therapy, TENS, Acupuncture, Group Therapy, Psychiatrist/Psychologist Hypnosis and Biofeedback. Previous Diagnostic Studies have included X Ray, MRI CT, Myelogram and EMG. Per report dated 11/26/2014, the injured worker presented with exacerbation of neck pain radiating to right arm and hand associated with numbness weakness. Injured worker is being prescribed Medrol pack, Seroquel 25 mg daily, Morphine sulfate 15 mg every 6 hours as needed, Valium 10 mg daily as needed, Lexapro 20 mg daily, Estradiol and Provera. Examination of cervical spine demonstrated diffuse tenderness/spasm, right more than left and tenderness over occiput right more than left. Lumbar/Sacral Exam showed diffuse tenderness and increased pain with extension. The report documented that unannounced urine drug screens were performed routinely and CURES database was reviewed routinely, however there is no Urine drug toxicology or CURES report available in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain ; On-Going Management Page(s): 79-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 63,78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals neither documentation to support the medical necessity of morphine nor any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for review. As MTUS recommends discontinuing opioids if such documentation is lacking, medical necessity cannot be affirmed.

Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24,124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions.Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks, and notes that tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006)It is to be noted that the UR physician authorized # tablets of Valium for safe taper. The request for Valium 10mg #30 is excessive and not medically necessary as the guidelines recommend use of Benzodiazepine to 4 weeks.

