

<b>Case Number:</b>	CM14-0028622		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female who suffered a work injury on 09/06/2012. The injured worker was lifting and carrying a heavy oat bag when the injury occurred. The injured worker has diagnoses of lumbar spine strain, left shoulder strain, cervical spine pain, degenerative disc disease of the lumbar spine, and left hand, flexion deformity, old fracture of the 5th metacarpal. Treatment has included medications, physical therapy, and chiropractic services. On 11/05/2013 the injured worker had an EMG which revealed left moderate carpal tunnel syndrome and bilateral ulnar sensory mononeuropathy. A physician progress note dated 12/20/2013 documents the injured worker presented with chronic neck and upper extremity pain. She was awake and alert with no signs of sedation. The injured worker reports that physical therapy has been helpful for her neck, shoulder and back. She reports that she is able to sleep a little better with less pain. She is also noticing some more strength. However she continues to be symptomatic at the bilateral hand and neck. The ultracet medication she is currently on is not sufficient to control her pain. Requested treatment is for Morphine Sulfate ER 15mg, twice to three times a day, # 90, additional 2x6 therapy session for the left hand and additional 2x6 weeks of physical therapy for the neck, low back and shoulders. On 02/10/2014 Utilization Review non-certified the request for Morphine Sulfate ER 15mg, twice to three times a day citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines note specific criteria for treatment with long-acting opioids and schedule II opioids, the documentation does not meet the criteria. Utilization Review modified the request for additional hand therapy session 2 x 6 weeks to three sessions. Cited was

there was no specific documentation regarding percentage improvement in pain, specific functional activities, and decreased pain medication. The injured worker had completed 6 sessions, and Official Disability Guidelines supports up to a maximum of 9 sessions for the injured worker's condition. Utilization Review modified the request for additional physical therapy 2 x 6 weeks for the neck, low back and shoulders to three sessions. Cited was there was no specific documentation regarding percentage improvement in pain, specific functional activities, and decreased pain medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MORPHINE SULFATE ER 15 MG BID-TID #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about a trial of opioid therapy: Steps to Take Before a Therapeutic Trial of Opioids: (a) Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain. (b) A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. (c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. (e) Pain related assessment should include history of pain treatment and effect of pain and function. (f) Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. (g) The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. (h) The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. (i) A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain. See Guidelines for Pain Treatment Agreement. This should include the consequences of non-adherence. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. 3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may

require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. With regard to the request for extended release morphine, this was initiated in a progress note from December 20, 2013. The patient had already had baseline assessment of chronic pain and function. The patient had already tried ibuprofen and tramadol without benefit. The patient continues with chronic pain and the requesting provider wish to start the patient on MSContin 15 mg twice a day to be increased to three times a day. Since this patient demonstrated continuous pain, it is appropriate to trial morphine at that time. It is the requesting provider's prerogative to choose to use morphine versus any other opiate. The utilization reviewer's rationale that a scheduled two medication should not have been utilized limited intensity of patient symptoms is not supported by the documentation. This request was medically necessary at that time.

**ADDITIONAL 2X6 THERAPY SESSIONS FOR LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. In this injured worker, there is debate between the claims of minister and the requesting provider regarding the total number of past physical therapy sessions. According to an appeal on April 29, 2014, the requesting provider specifies that the patient has only had three visits of physical therapy. However, it is noted that the utilization review performed on April 18, 2014 documents the patient had 20 previous sessions. If that is the case, at this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy to the left hand as originally requested is not medically necessary.

**ADDITIONAL 2X6 WEEKS OF PHYSICAL THERAPY FOR NECK, LOW BACK, AND SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy guidelines. Physical Therapy in the ODG Preface(><http://www.odg-twc.com/preface.htm>). ODG On Line Treatment guidelines for chronic pain(<<http://www.odg-twc.com/adgtwc/pain.htm>.) Low Back Chapter (<[http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm).)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. In this injured worker, there is debate between the claims of minister and the requesting provider regarding the total number of past physical therapy sessions. According to an appeal on April 29, 2014, the requesting provider specifies that the patient has only had three visits of physical therapy. However, it is noted that the utilization review performed on April 18, 2014 documents the patient had 20 previous sessions. If that is the case, at this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested to the neck, low back, and shoulders is not medically necessary.