MAXIMUS Federal Services

Case Number:	CM15-0002832		
Date Assigned:	01/13/2015	Date of Injury:	02/18/1999
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 injured worker is a 52 year old female with an industrial injury dated 02/18/1999. She presents on 11/26/2014 with a history of chronic shoulder and neck pain. The mechanism of injury is documented as a fall. Current medications include pain medications, anti-epilepsy medications, anti-inflammatory medications and medications for depression. Prior treatments include medications, physical therapy, cervical epidural steroid injections and cervical traction. Physical exam revealed tenderness to palpation of the cervical spine with decreased range of motion.Diagnoses was shoulder joint pain and cervical disease. The provider requested Morphine ER 30 mg # 90, Morphine IR 15 mg # 90 and Klonopin 0.5 mg # 60. On 12/10/2014 utilization review non certified Morphine ER noting there is a lack of documentation showing functional improvement.Morphine IR was non- certified noting there was a lack of documentation showing functional improvement.Klonipin was also non-certified noting the patient had been utilizing benzodiazepines since 2011 with no significant objective benefits.MTUS Guidelines were cited for the above.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine ER 30mg #390: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with periscapular pain, neck, occipital, shoulder, and back pain. The treater is requesting 1 PRESCRIPTION OF MORPHINE ER 30 MG #390. The RFA dated 10/20/2014 notes a request for morphine ER 30 mg #90. The patient's date of injury is from 02/18/1999 and her current work status was not made available.For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief.The records show that the patient was prescribed morphine ER 30 mg on 04/16/2014. None of the reports document before and after pain scales to show analgesia. No specific ADLs were discussed. No side effects and aberrant-drug seeking behaviors such as a urine drug screen and CURES report were noted. Given the lack of sufficient documentation noting medication efficacy for chronic opiate use, this patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

1 prescription of Morphine IR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with periscapular pain, neck, occipital, shoulder, and back pain. The treater is requesting 1 PRESCRIPTION OF MORPHINE IR 15 MG #90. The RFA dated 10/20/2014 shows a request for morphine IR 15 mg #90. The patient's date of injury is from 02/18/1999 and her current work status was not made available.For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief.The records show that the patient was prescribed morphine IR on 04/16/2014. None of the reports from 04/16/2014 to 10/20/2014 show before and after pain scales to note analgesia. No specific ADLs were discussed. No side effects and no aberrant drug seeking behaviors such as a urine drug screen and CURES report were noted. Given the lack of

sufficient documentation noting medication efficacy for chronic opiate use, this patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

1 prescription of Klonopin 0.5mg #60: Upheld

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

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

Decision rationale: This patient presents with periscapular pain, neck, occipital, shoulder, and back pain. The treater is requesting 1 PRESCRIPTION OF KLONOPIN 0.5 MG #60. The RFA dated 10/20/2014 notes a request for Klonopin 0.5 mg #60. The patient's date of injury is from 02/18/1999 and her work status was not made available.The MTUS guidelines page 24 on benzodiazepines states, "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."The records show that the patient was prescribed Klonopin on 04/16/2014. None of the reports note medication efficacy. Furthermore, the MTUS Guidelines do not support the long-term use of benzodiazepines. The request IS NOT medically necessary.