

Case Number:	CM15-0144031		
Date Assigned:	08/05/2015	Date of Injury:	01/04/2005
Decision Date:	09/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

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 51 year old female, who sustained an industrial injury on 1-4-2005. She reported injury after slipping and falling. The injured worker was diagnosed as having lumbar intervertebral disc degeneration, anxiety state, shoulder region disorder of bursa, depressive disorder, foot joint pain, enthesopathy of hip region, old medial collateral ligament disruption, cervical post laminectomy syndrome, cervical intervertebral dis degeneration, and chronic pain syndrome. Treatment to date has included medications, walking program, neck surgery, hip surgery, cognitive behavioral therapy, injection therapy, and magnetic resonance imaging of the cervical spine. The request is for Norco, Morphine, and Rozerem. On 6-5-2015, she reported continued pain to the neck, right shoulder girdle, right upper extremity, mid back, low back, right buttock, and bilateral lower extremity. She rated her current pain as 8-9 out of 10, which she indicated to be reduced to 6 out of 10 with the use of Morphine. On 7-6-2015, she reported continued neck, right shoulder girdle, and right upper extremity, mid back, low back, right buttock, and bilateral lower extremity pain. She indicated her persistent pain to cause anxiety and depression. She is attending psychology sessions. She reported continued difficulty swallowing following surgery of the cervical spine, indicating she often chokes and throws up while eating. She rated her pain 8-9 out of 10. She continues to take 6 morphine tablets per day and states this to be helping her significantly with pain and reduces her pain to 6 out of 10. She also indicated with increased pain she would have increased difficulty performing her activities of daily living including walking her dogs and spends most of her time in a reclined position. Her current medications are: Baclofen, Celebrex, Docusate sodium, Miralax, Morphine, Nexium, Norco,

Nortriptyline, Prevident, Ranitidine, Rozerem, and Valium. She indicated her back pain to have been worsened recently, which has prevented her from continuing her walking program. The treatment plan included: physical therapy, home exercise program, Norco, Morphine, Nexium, and Rozerem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right upper extremity, mid back, low back, right buttock, and bilateral lower extremities. The current request is for Norco 10/325mg #120. The treating physician report dated 7/6/15/ (417B) states, "patient states no response on determination on Norco. She was previously prescribed Percocet but this was denied and was started on Norco for breakthrough pain s/p her hip surgery." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been prescribed Norco since at least 4/9/15 (357B). The report dated 7/6/15 (414B) notes that the patient's pain level is 8-9/10. No adverse effects or adverse behavior was discussed by the patient, although Norco is listed under the patients list of reviewed allergies. The patient's work status is not made clear in any of the current progress reports provided for review. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Furthermore, it is unclear why the patient is being prescribed Norco if she has a known allergy to the medication. The current request is not medically necessary.

Morphine 15mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right upper extremity, mid back, low back, right buttock, and bilateral lower extremities. The current request is for Morphine 15mg #180. The treating physician report dated 7/6/15 (7C) states, "Continues morphine (#180) and is taking 6/day-she states that this is helping significantly with pain symptoms." A report dated 2/2/15 (290B) states, "This medicine has been documented to increase the patient's functional level without significant adverse effects." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Morphine since at least 2/6/15 (287B). The report dated 10/28/14 notes that the patient's pain has decreased from 8-9/10 to 6/10 while on current medication. No adverse effects or adverse behavior was noted by patient. The patient's work status is not made clear in any of the current progress reports provided for review. The current medication allows the patient to continue her ADLs which include "walking her dogs, standing, etc." The continued use of Morphine has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Rozerem 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation. Chronic pain disorder medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27 110 p. Guideline Development Group for the Management of Patients with Insomnia in Primary Care. Clinical practice guidelines for the management of patients with insomnia in primary care. Madrid (Spain): Health Technology Assessment Unit, Lain Entraglo Agency, Ministry of Health, Social Services and Equality (Spain); 2009. 159 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation ODG, Pain chapter, Insomnia.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right upper extremity, mid back, low back, right buttock, and bilateral lower extremities. The current request is for Rozerem 8mg #30. The requesting treating physician report dated 7/6/15 (417B) notes that the current request for Rozerem is to be taken "at bedtime for sleep". The ODG guidelines under the pain chapter have the following under Insomnia treatment: (3) Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and

long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. Melatonin is supported by ODG for sleep disorders and pain treatment. The medical reports provided show the patient has been taking Rozerem since at least 2/6/15 (314B). In this case, while there is significant discussion of the patient's anxiety and depression in the documents provided, the current request notes that the prescription for Rozerem is to be used as a sleep aide. There was limited discussion of the patient's sleep difficulties or any evidence of insomnia in the current medical reports provided for review. Furthermore, there was no documentation of any functional improvement or discussion of the medication's efficacy in treating the patient's symptoms as required by the MTUS page 60. The current request does not satisfy the ODG or MTUS guidelines. The current request is not medically necessary.