

Case Number:	CM15-0165424		
Date Assigned:	09/02/2015	Date of Injury:	02/15/1999
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application	08/24/2015

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: Massachusetts

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:

The injured worker is a 75 year old male with an industrial injury dated 02-15-1999. The injured worker's diagnoses include post laminectomy syndrome of cervical region, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, pain in joint involving shoulder region, disorders of bursae and tendons in shoulder region, unspecified. Treatment consisted of diagnostic studies, cervical surgery, prescribed medications, long term use of medications, therapeutic drug monitoring and periodic follow up visits. In a progress note dated 08-05-2015, the injured worker presented for follow up evaluation for post fusion cervical spine pain. The injured worker reported improvement in pain and that he was titrating off of pain medications. The injured worker rated current pain score a 1 out of 10. Objective findings revealed improved cervical range of motion, tenderness to palpitation of posterior paraspinal muscles and diminished range of motion of abduction of arm bilaterally, with signs of shoulder impingement, left more than right. The treatment plan consisted of medication management, diagnostic studies and follow up visit. The treating physician prescribed Morphine Sulfate 15 mg #60 and Urine toxicology screen, now under 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 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in February 1999 and underwent a cervical fusion in September 2014. When seen, he was having neck and bilateral upper extremity pain. He was trying to decrease the use of medications. Medications are referenced as providing moderate to good pain relief and improved activity level, mood, and sleep. When seen, there was a normal BMI. Cervical spine range of motion was much improved. There was cervical spine paraspinal muscle tenderness. There was decreased shoulder range of motion with positive impingement testing. Urine drug screening was performed in July 2015 and was consistent with the medications being prescribed but showed positive alcohol levels. Medications include alprazolam, doxepin, and morphine being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Morphine is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. With improved activity level, mood, and sleep and the Issue of alcohol use has been addressed. Weaning to the lowest effective dose is being done. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work-related injury in February 1999 and underwent a cervical fusion in September 2014. When seen, he was having neck and bilateral upper extremity pain. He was trying to decrease the use of medications. Medications are referenced as providing moderate to good pain relief and improved activity level, mood, and sleep. When seen, there was a normal BMI. Cervical spine range of motion was much improved. There was cervical spine paraspinal muscle tenderness. There was decreased shoulder range of motion with positive impingement testing. Urine drug screening was performed in July 2015 and was consistent with the medications being prescribed but showed positive alcohol levels. Medications include alprazolam, doxepin, and morphine being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Alcohol counseling has been done. Criteria for the frequency of urine drug testing include risk stratification. In this

case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, there would be no need to repeat testing less than 2 months after the prior urine drug screening. The request was not medically necessary.