MAXIMUS Federal Services

Case Number:	CM15-0191053		
Date Assigned:	10/05/2015	Date of Injury:	06/11/1993
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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 56 year old female, who sustained an industrial injury on 6-11-93. The injured worker was diagnosed as having muscle spasms of the neck; cervical degenerative disc disease; cervicogenic headache; cervical pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker complains of chronic pain; continued left-sided neck pain and tension headaches. The provider documents "her pain level with reach at 10 at times. There seems to be nothing that will alleviate her pain when it gets that bad. She will get severe muscle spasms and it will cause headache; she will rest, use ice and increase medications. She does associate increased pain with weather changes. The patient does admit that the left -sided RFA that was done on her C-spine in the past was overall helpful in alleviating her pain. She reports pain level of 8 out of 10 with ranges from 5-10 out of 10. Patient reports radiating pain down her left arm that can feels from her neck down this has improved somewhat since restarting her MS Contin and Norco as it has since her last visit been approved for medications and pain has been improved since she has less stressed about obtaining medication and getting things renewed." The provider notes "patient is working with PMD to manage hypothyroidism- also seeing a psychologist managing depression. Today pain level is range 5-10 out of 10; pain in head, side of face, right neck, and shoulder and radiates down right upper arm. Since patient has been on opiate and non-opiate medications she has been able to function - having improved her appetite, exercise such as walking; able to perform yard work, housework, and shopping. She has improved in her tolerance to participate in social activities and her mood, concentration, sleeping, and caring for self have all improved

somewhat since she has been treated in a stable fashion with her medications. She sees a psychiatrist on a regular basis that supports her stable use of opiate medication. She even reduced her Morphine-Norco use when her procedure ablation was performed because she has pain reduction from the procedure." A Urine drug screen is documented in the provider's notes as being done 7-2014 along with a medication and treatment agreement signed at that time. He notes "PARS reviewed and is appropriate for known medication prescribed 1-2015." The provider documents "The patient is already on moderate dose chronic opiate therapy and there is no concerns of misuse or abuse - evidenced through drug screen monitoring, counseling with controlled substance agreement and screening opiate risk questionnaire. Future plan, encouraging long term tapering down on the opioids to a lower target level while trying to maintain optimum pain control and function. Overall the patient reports 80% improvement with the current regimen with improved pain, range of motion, activity and ADL's. Coadjuvant non-opioid medications and or therapies are always preferred, discussed and optimized as being primary to their medication and pain control regimen." There are noted multiple Utilization Review modifications and denials for the current medications requested. There is no definitive start and stop dates for the medications requested in the documentation submitted. A Request for Authorization is dated 9-19-15. A Utilization Review letter is dated 9-10-15 and non-certification for Norco 10/325 #75 with 1 refill; Morphine 15mg #60 with 1 refill and a Urine toxicology screen. A request for authorization has been received for Norco 10/325 #75 with 1 refill; Morphine 15mg #60 with 1 refill and a Urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #75 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing,

decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic June 1993 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 #75 with 1 refill is not medically necessary and appropriate.

Morphine 15mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 1993 injury, over 22 years past, without acute flare, new injury, or progressive neurological deterioration. The Morphine 15mg #60 with 1 refill is not medically necessary and appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented

abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.