

Case Number:	CM15-0205212		
Date Assigned:	10/22/2015	Date of Injury:	10/29/2009
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female who sustained a work-related injury on 10-29-09. Medical record documentation on 8-7-15 and 9-3-15 revealed the injured worker was being treated for right rotator cuff tear, cervicalgia, bilateral knee internal derangement and lumbago. She reported pain in the neck, upper back, bilateral shoulders and bilateral wrists with radiation to the right arm and pain in the mid back, lower back, bilateral knees, bilateral ankles and feet with radiation of pain to both legs (8-7-15 and 9-3-15). She rated her pain an 8 on a 10-point scale with the pain rated at 6 at best and a 10 at worse (8-7-15 and 9-3-15). Her average pain in the previous seven days was 7 (8-7-15 and 9-3-15). Her medication regimen included Morphine Sulfate ER (since at least 5-6-15), Norco (since at least 5-6-15), Cyclobenzaprine, Soma, Seroquel, Lamotrigine, Gabapentin and Topiramate. Objective findings included cervical spine range of motion of forward flexion to 50 degrees, extension to 20 degrees, and rotation to 30 degrees bilaterally (8-7-15 and 9-3-15). She had side bending to 20 degrees bilaterally on 8-7-15 and side bending of 20 degrees on the right and 30 degrees on the left on 9-3-15. She had tenderness to palpation over the bilateral cervical paraspinal muscles (8-7-15 and 9-3-15). Her lumbar spine range of motion included forward flexion to 45 degrees, extension to 15 degrees and bilateral side bending to 20 degrees on 8-7-15. She had tenderness to palpation over the bilateral lumbar paraspinal muscles and positive lumbar facet loading maneuver bilaterally. Her straight leg raise test was negative bilaterally in a seated position to 50 degrees (8-7-15 and 9-3-15). She had positive Hawking's test and Drop arm test of the right shoulder (8-7-15 and 9-3-15). Her bilateral elbows had full range of motion and she had tenderness to palpation over the right lateral epicondyle (8-7-15 and 9-3-15). On 8-7-15, evaluating physician noted the injured worker had "failed all medical treatment options, remains functionally impaired and dependent on opioid analgesics." A urine drug screen drawn 8-7-15

revealed inconsistencies with the injured worker's medication regimen. A request for Morphine Sulfate ER 30 mg #60 and Norco 10-325 mg #90 was received on 9-16-15. On 9-17-15, the Utilization Review physician modified Morphine Sulfate ER 30 mg #60 and Norco 10-325 mg #90 to Morphine Sulfate ER 30 mg #34 and Norco 10-325 mg #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This claimant was injured in 2009 with right shoulder injury, cervicalgia, bilateral knee internal derangement, and lumbago. Urine drug screening in August showed inconsistencies with the medicine regimen. There is no documented objective functional improvement with the opiate medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: As shared earlier, this claimant was injured in 2009 with right shoulder injury, cervicalgia, bilateral knee internal derangement, and lumbago. Urine drug screening in August showed inconsistencies with the medicine regimen. There is no documented objective functional improvement with the opiate medicine. As cited for the other opiate medicine, the current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible

indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.