MAXIMUS Federal Services

Case Number:	CM15-0208577		
Date Assigned:	10/27/2015	Date of Injury:	05/30/2012
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Connecticut, California, Virginia
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:

The injured worker is a 50 year old male, who sustained an industrial injury on 5-30-12. Medical records indicate that the injured worker is undergoing treatment for right knee pain, pain in the joint of the leg and shoulder pain. The injured worker is currently working with modified duties. On (9-3-15) the injured worker complained of left shoulder pain. The pain was rated 8 out of 10 without medications and 3 out of 10 with medications on the visual analog scale. The injured worker also reported difficulty with sleep and noted that his activity level was unchanged. The injured worker was able to function in his daily life and perform activities of daily living with his medications. The injured worker is able to perform cooking, cleaning and self-care for 30-45 minutes or greater at a time with medications. Objective findings revealed a restricted range of motion of the left shoulder. Treatment and evaluation to date has included medications, MRI of the left shoulder, left shoulder injections, physical therapy, a home exercise program and two left shoulder surgeries in 2013. Subsequent progress reports (8-6-15, 7-9-15 and 6-11-15) indicate that the injured workers pain level were consistent at 3-4 out of 10 with medications on the visual analog scale. Current medications include Norco (since at least March of 2015), Opana ER, Colace, Ibuprofen, Protonix and Oxycontin. The treating physician recommended a trial of Morphine Sulfate for long acting pain control. There is lack of documentation of any aberrant drug behaviors or signs of diversion with the use of the current medications. The Request for Authorization dated 9-9-15 included requests for Norco 10-325 #90, Morphine Sulfate ER 20mg #60 and one urine drug screen. The Utilization Review documentation dated 9-22-15 non-

certified the requests for Norco 10-325 #90, Morphine Sulfate ER 20mg #60 and one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non certified the requests for Norco and Morphine Sulfate as there is very little provided evidence to support functional improvement on opioids (return to work, etc). Given the lack of clear evidence to support functional improvement on opioids and the chronic risk of continued treatment, the requests for Norco and morphine are not considered medically necessary.

1 prescription of Morphine Sulfate ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate.

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1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, and given the recommendation to discontinue the use of opioids, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.