

Case Number:	CM15-0215019		
Date Assigned:	11/04/2015	Date of Injury:	08/10/1997
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57-year-old female, with a reported date of injury of 08-10-1997. The diagnoses include fibromyalgia, carpal tunnel syndrome, bilateral knee pain, lumbar discogenic syndrome, high blood pressure, depression, iliopsoas muscle spasm, arthritis, and myofascial trigger point. The follow-up evaluation report dated 08-31-2015 indicates that the injured worker remained stable and under control with the medications. It was noted that the medications allowed her to perform her activities of daily living. The injured worker's neck and bilateral arm and hand pain were getting slightly more severe on the current medication dose. She still had ongoing neck and shoulder pain. The injured worker stated that the MS Contin made her "violently" ill with nausea and vomiting, but the Kadian did not. It was noted that she remained stable and able to take the Kadian without side effects, except for sedation, which was controlled with Adderall. The physical examination showed neck and shoulder pain, worse on the right; bilateral hand arthritis and grip weakness; neck muscle spasm; bilateral radicular leg pain; and bilateral knee pain and arthritis. The injured worker rated her pain 5 out of 10 on 06-08-2015 and 08-31-2015. Her work status was not indicated. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Seroquel, Zoloft, Neurontin, Celebrex, Kadian (since at least 04-2015), Xanax, Percocet (discontinued), Oxycontin (discontinued), MS Contin (discontinued), Flexeril (discontinued), Darvocet (discontinued), Restoril, Ambien (discontinued), Skelaxin (discontinued), Voltaren (discontinued), Percodan (discontinued), Dilaudid (discontinued), Naprosyn cream, and Adderall (since at least 04-11-2015). The treating physician requested Amphetamine 5mg #60 and Morphine Sulfate 20mg #60, twice a day to reduce swelling. On 10-06-2015, Utilization Review (UR) non-certified the request for Amphetamine 5mg #60 and Morphine Sulfate 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amphetamine 5mg day supply: 30 qty: 60 Rx date: 9/28/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3666194>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adult ADHD: Evaluation and Treatment in Family Medicine H. RUSSELL SEARIGHT, PH.D., JOHN M. BURKE, PHARM. D., and FRED ROTTNEK, M.D., Family Medicine of St. Louis Residency Program, St. Louis, Missouri Am Fam Physician. 2000 Nov 1; 62 (9): 2077-2086. Fibromyalgia SANGITA CHAKRABARTY, MD, MSPH, Meharry Medical College, Nashville, Tennessee ROGER ZOOROB, MD, MPH, Meharry Medical College and Vanderbilt University, Nashville, Tennessee Am Fam Physician. 2007 Jul 15; 76 (2): 247-254.

Decision rationale: According to the referenced literature, Amphetamines are indicated for ADHD. In this case the claimant does not have a diagnosis of ADHD. It is not 1st line choice in those with fibromyalgia. In addition, long-term use with opioids increases abuse potential. As a result, the request for continued use of Amphetamines is not medically necessary.

Morphine Sulfate cap 20mg ER day supply: 30 qty: 60 Rx date: 9/28/2015: Upheld

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

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

Decision rationale: According to the guidelines, oral Morphine is not indicated for chronic mechanical pain. In this case, the claimant was on Morphine for a prolonged time along with numerous other opioids. There was no mention of weaning or alternate medication failure for pain control. VAS scores were not routinely noted. Continued and chronic use is not medically necessary.