

Case Number:	CM15-0222653		
Date Assigned:	11/18/2015	Date of Injury:	05/09/2008
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 an industrial injury dated 05-09-2008. A review of the medical records indicates that the injured worker is undergoing treatment for history of left C7 radiculopathy, cervical disc injury, left rotator cuff syndrome, and left adhesive capsulitis. According to the progress note dated 08-19-2015, the injured worker reported left pain in the shoulder area with difficulty elevating her left arm. Pain level was 2 out of 10 with medications and 8 out of 10 without medications on a visual analog scale (VAS). Objective findings (08-19-2015) revealed spasm in neck and shoulder girdle tenderness to palpitation, guarded motion due to pain. According to a more recent progress note dated 09-30-2015, the injured worker presented for follow up evaluation. The injured worker reported left shoulder pain. Pain level was 2 out of 10 with medications and 8 out of 10 without medications on a visual analog scale (VAS). Objective findings (09-30-2015) revealed moderate spasm over the left levator scapulae and superior trapezius, hyperalgesia throughout right shoulder and positive Neer's sign. Treatment has included prescribed medications, home exercises, Yoga classes and periodic follow up visits. There was no urine drug screen reports included for review. The injured worker has been declared permanent and stationary and remains at full duty. The treatment plan included medication management. The utilization review dated 10-13-2015, non-certified the request for Oxycodone 10mg, by mouth three times per day #90, Morphine Sulfate IR 15mg, by mouth at hour of sleep, #30 and Ativan 0.5mg by mouth every 6 as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, by mouth three times per day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/30/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Morphine Sulfate IR 15mg, by mouth at hour of sleep, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/30/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Ativan 0.5mg by mouth every 6 as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the exam note from 9/30/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore, the request for Ativan is not medically necessary and is not certified.