

Case Number:	CM15-0223096		
Date Assigned:	11/19/2015	Date of Injury:	06/25/2011
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
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: New Jersey

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 53 year old female, who sustained an industrial injury on June 25, 2011. The injured worker was diagnosed as having unspecified pain to the shoulder. Treatment and diagnostic studies to date has included laboratory studies, electromyogram with nerve conduction study, magnetic resonance imaging of the cervical spine, trigger point injection, left suprascapular nerve block times 2, and laboratory studies. In a progress note dated October 13, 2015 the treating physician reports complaints of pain to the bilateral shoulders. Examination performed on October 13, 2015 was revealing for decreased range of motion to the cervical spine with pain, hypertonicity and tenderness to the bilateral cervical paravertebral muscles, decreased range of motion to the bilateral shoulders with pain, and decreased strength to the bilateral shoulders. The injured worker's medication regimen on October 13, 2105 included Medication patch with Lidocaine, Roxicodone, Soma, Morphine Sulfate CR, Morphine Sulfate ER, Hydrochlorothiazide, Relpax, Flonase, Amlodipine Besylate, Ondansetron, Lorazepam, and Paxil with an unknown start date and with the treating physician noting that the injured worker has "overtaken all of her medication and is completely out." The medical records provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. On October 13, 2015 the treating physician noted that the injured worker has "improved capability for activities of daily living including self-care and household tasks with the medication which is reflected in improved capability for daily functional activities." On October 13, 2015 the treating physician requested Roxicodone 15mg with a quantity of 24 for short acting pain control and Morphine Sulfate ER 30mg with a quantity of 12 for long acting pain control. On October 15, 2015, the Utilization Review determined the request for Roxicodone 15mg with a quantity of 24 and Morphine Sulfate ER 30mg with a quantity of 12 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, part of this full review was completed, however, side effects and functional gains directly related to Roxicodone use was not included in the notes. There was only report of pain level reduction with the collective use of medications, but no direct report on this medication alone. The provider appeared to begin weaning down on opioids. Further weaning is warranted, and less than requested number of pills is appropriate. Therefore, this request for #24 pills of Roxicodone will be considered not medically necessary as written.

Morphine sulf ER 30mg qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, part of this full review was completed, however, side effects and functional gains directly related to Morphine sulfate ER use was not included in the notes. There was only report of pain level reduction with the collective use of medications, but no direct report on this medication alone. The provider appeared to begin weaning down on opioids. Further weaning is warranted, and less than

requested number of pills is appropriate. Therefore, this request for #12 pills of Morphine sulfate ER will be considered not medically necessary as written.