

<b>Case Number:</b>	CM15-0224416		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female, who sustained an industrial-work injury on 1-25-07. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc herniation with cervical radiculopathy. Treatment to date has included pain medication, Morphine ER since at least 3-13-15, Norco since at least 3-13-15, Flexeril, Lorazepam, Pristiq, Topiramate, Oxycodone, Flexeril, Lidoderm patches, medication management, off of work and other modalities. The treating physician indicates that the urine drug test result dated 8-14-15 was inconsistent with the medication prescribed. The urine drug screen dated 7-3-15 was consistent with medications prescribed. Medical records dated 9-4-15 indicates that the injured worker complains of neck pain rated 7 out of 10 on the pain scale that is stabbing, radiating, throbbing and burning. The pain radiates to the head and shoulders. She also reports bilateral shoulder pain rated 6 out of 10 on the pain scale that is radiating, stabbing, burning and numbing and radiates to the fingers. The pain scale remains unchanged from previous visits. She states that overall the pain has improved by 5 percent since last visit, which she has stated in previous visits. Per the treating physician report dated 9-4-15 the work status is temporary totally disabled. The physical exam reveals cervical tenderness to palpation and trigger point myospasms. The cervical range of motion is decreased. The cervical spine orthopedic tests were positive bilaterally including compression test, distraction test, Bakody maneuver, Spurling test and sharp-purser test for axis instability. The physical exam remains unchanged from all previous visits. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported

pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There is no recent therapy sessions noted in the records. The requested services included Referral to a neurosurgeon, cervical spine, per 10-02-2015 order Qty: 1.00, Morphine ER 30mg, per 10-2-2015 order Qty: 90.00 and Norco 10-325mg, per 10-02-2015 order Qty: 90.00. The original Utilization review dated 11-9-15 non-certified the request for Referral to a neurosurgeon, cervical spine, per 10-02-2015 order Qty: 1.00. The request for Morphine ER 30mg, per 10-2-2015 order Qty: 90.00 and Norco 10-325mg, per 10-02-2015 order Qty: 90.00 was modified to Morphine ER 30mg, Qty: 30.00 and modified Norco 10-325mg, Qty: 90.00 modified to Norco 10-325mg Qty: 60.00.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral to a neurosurgeon, cervical spine, per 10/02/2015 order Qty: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in January 2007 when she felt a pop in her left shoulder and had sudden bilateral shoulder, neck and low back pain while attempting to transfer a disabled student. She underwent a left subacromial decompression in January 2008. An MRI of the cervical spine in October 2014 included findings of multilevel degenerative changes with disc protrusions. When seen by the requesting provider she had neck and bilateral shoulder pain rated at 6-7/10. There had been an overall 5% improvement. Physical examination findings included a body mass index of over 35. There was muscle tenderness with trigger points and myospasms. There was decreased cervical and lumbar range of motion. Shoulder range of motion was decreased and painful bilaterally. All cervical and thoracolumbar orthopedic tests were positive. Medications being prescribed on a long-term basis were extended release morphine and Norco at a total MED (morphine equivalent dose) of 120 mg per day. Authorization is being requested for continued medications and for a neurosurgery evaluation for the cervical spine. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic moderate to severe neck pain and has failed conservative treatments. Determining whether a surgical option exists would be expected to progress her care. For example, consideration of a functional restoration program would require a determination as to whether there was an absence of other options likely to result in significant clinical improvement. The requested referral is appropriate and medically necessary.

**Morphine ER 30mg, per 10/2/2015 order Qty: 90.00: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in January 2007 when she felt a pop in her left shoulder and had sudden bilateral shoulder, neck and low back pain while attempting to transfer a disabled student. She underwent a left subacromial decompression in January 2008. An MRI of the cervical spine in October 2014 included findings of multilevel degenerative changes with disc protrusions. When seen by the requesting provider she had neck and bilateral shoulder pain rated at 6-7/10. There had been an overall 5% improvement. Physical examination findings included a body mass index of over 35. There was muscle tenderness with trigger points and myospasms. There was decreased cervical and lumbar range of motion. Shoulder range of motion was decreased and painful bilaterally. All cervical and thoracolumbar orthopedic tests were positive. Medications being prescribed on a long-term basis were extended release morphine and Norco at a total MED (morphine equivalent dose) of 120 mg per day. Authorization is being requested for continued medications and for a neurosurgery evaluation for the cervical spine. Morphine ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, the total MED is 120 mg per day and there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.

**Norco 10/325mg, per 10/02/2015 order Qty: 90.00:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in January 2007 when she felt a pop in her left shoulder and had sudden bilateral shoulder, neck and low back pain while attempting to transfer a disabled student. She underwent a left subacromial decompression in January 2008. An MRI of the cervical spine in October 2014 included findings of multilevel degenerative changes with disc protrusions. When seen by the requesting provider she had neck and bilateral shoulder pain rated at 6-7/10. There had been an overall 5% improvement. Physical examination findings included a body mass index of over 35. There was muscle tenderness with trigger points and myospasms. There was decreased cervical and lumbar range of motion. Shoulder range of motion was decreased and painful bilaterally. All cervical and thoracolumbar orthopedic tests were positive. Medications being prescribed on a long-term basis were extended release

morphine and Norco at a total MED (morphine equivalent dose) of 120 mg per day. Authorization is being requested for continued medications and for a neurosurgery evaluation for the cervical spine. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, the total MED is 120 mg per day and there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.