

Case Number:	CM15-0030853		
Date Assigned:	02/24/2015	Date of Injury:	05/01/2003
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained a work related injury on 05/01/2003. According to a progress report dated 12/09/2014, the injured worker was re-evaluated for bilateral neck pain radiating to the bilateral shoulders. Current medications included Prilosec, Ativan, Soma, Lisinopril and MSIR (Morphine Sulfate Instant Release). Diagnoses included left shoulder pain, status post anterior cervical discectomy and fusion at C7-T1, bilateral cervical radiculopathy, anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7, cervical post laminectomy syndrome, cervical disc protrusion, cervical stenosis, cervical facet joint arthropathy, cervical sprain/strain, anxiety and psyche, right elbow surgery and bilateral upper extremity injury. According to the provider Ativan provided the injured worker with 4 additional hours of sleep per night. There was an up-to-date pain contract and the previous urine drug screen was consistent. The injured worker showed no aberrant behaviors. The injured worker had failed over the counter sleep aids, Ambien, Melatonin and Trazodone. Soma provided an 80 percent decrease of the injured worker's spasms with 80 percent improvement of the injured worker's activities of daily living such as self-care and dressing. The injured worker failed Tizanidine, Cyclobenzaprine, Robaxin and Baclofen. MSIR provided 50 percent decrease of the injured worker's pain with 50 percent improvement of the injured worker's activities of daily living such as self-care and dressing. On 01/30/2015, Utilization Review modified MSIR (Morphine Sulfate Instant Release) 15mg #120 and non-certified Soma 350mg #30 and Ativan 2mg #30. According to the Utilization Review, it appeared that Soma and Ativan were previously denied. The provider did not justify their use with valid guidelines. The provider noted that medications provided a 130 percent increase in

function, which did not make sense (80 percent improvement with medication and 50 percent improvement with MSIR. CA Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR (Morphine Sulphate Instant Release) 15mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 61-year-old patient complains of worsening left shoulder pain with reduced range of motion, as per progress report dated 12/29/14. The request is for MSIR (MORPHINE SULPHATE INSTANT RELEASE) 15 mg # 120. There is no RFA for this case and the patient's date of injury is 05/01/03. As per progress report dated 12/09/14, the patient suffers from neck pain that radiates to bilateral shoulders. Medications include Prilosec, Ativan, Soma, Lisinopril and MSIR. The patient is status post anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7 with revision in 2009 and 2011. He is also status post right elbow and hernia surgery. Diagnoses included left shoulder pain, bilateral cervical radiculopathy, cervical disc protrusion, cervical stenosis, cervical facet arthropathy, cervical sprain/strain and anxiety. The patient is permanently disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for MSIR was first noted in progress report dated 08/05/14, and the patient has been taking the medication consistently at least since then. The patient has used other opioids including Oxycodone in the past, as per prior progress reports. In progress report dated 12/09/14, the treater states that MSIR helps reduce the pain by 50%. It also helps improve activities of daily living such as self-care and dressing by 50%. The patient's Oswestry disability index score is 36 (72% disability) with MSIR and 44 (88% disability) without MSIR. The patient has signed a pain contract and previous UDS report is consistent, as per the same progress report. The treater also states that there is no aberrant behavior or adverse side effects. Given the clear documentation of the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, the request IS medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 61-year-old patient complains of worsening left shoulder pain with reduced range of motion, as per progress report dated 12/29/14. The request is for SOMA 350 mg # 150. There is no RFA for this case and the patient's date of injury is 05/01/03. As per progress report dated 12/09/14, the patient suffers from neck pain that radiates to bilateral shoulders. Medications include Prilosec, Ativan, Soma, Lisinopril and MSIR. The patient is status post anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7 with revision in 2009 and 2011. He is also status post right elbow and hernia surgery. Diagnoses included left shoulder pain, bilateral cervical radiculopathy, cervical disc protrusion, cervical stenosis, cervical facet arthropathy, cervical sprain/strain and anxiety. The patient is permanently disabled, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma was first noted in progress report dated 02/11/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/09/14, the treater states that Soma decreases pain by 80% and provides 80% improvement in activities of daily living as well. The ODI score is 36 with Soma and 44 without it. There are no side effects. While the impact of Soma on the patient's pain and function is evident, MTUS recommends the use of this drug for only 2 to 3 weeks. Hence, the request IS NOT medically necessary.

Ativan 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain (chronic) and topic Benzodiazepine.

Decision rationale: The 61-year-old patient complains of worsening left shoulder pain with reduced range of motion, as per progress report dated 12/29/14. The request is for ATIVAN 2 mg # 30. There is no RFA for this case and the patient's date of injury is 05/01/03. As per progress report dated 12/09/14, the patient suffers from neck pain that radiates to bilateral shoulders. Medications include Prilosec, Ativan, Soma, Lisinopril and MSIR. The patient is status post anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7 with revision in 2009 and 2011. He is also status post right elbow and hernia surgery. Diagnoses included left shoulder pain, bilateral cervical radiculopathy, cervical disc protrusion, cervical stenosis, cervical facet arthropathy, cervical sprain/strain and anxiety. The patient is permanently disabled, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine' have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In progress report dated

12/09/14, the treater states that the patient has failed over-the-counter sleep aids such as Melatonin, Ambien and Traxodone. Ativan provides 4 hours of additional sleep without any unwanted side effects or aberrant behavior. The patient, however, has been using the medication since at least 02/11/14; consequently, the treater's request for another #30 is excessive, as per MTUS. This request IS NOT medically necessary.