

Case Number:	CM15-0034999		
Date Assigned:	03/03/2015	Date of Injury:	10/11/2004
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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, New York
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 52 year old male, who sustained an industrial injury on October 11, 2004. The diagnoses have included chronic left shoulder pain, status post shoulder arthroscopy, chronic bilateral knee osteoarthritis, chronic low back pain, lumbosacral degenerative disc disease, chronic pain syndrome and neuropathic pain. Currently, the injured worker complains of ongoing left shoulder and bilateral knee pain. The injured worker reports that he is doing well and has decreased his use of Morphine. The medications allow the injured worker to do his activities of daily living to include preparing meals, cooking, cleaning, and chores. On examination the injured worker exhibits an antalgic gait and normal strength in the lower extremities. He has limited range of motion of the lumbar spine and left shoulder and has positive orthopedic testing of the shoulder. On January 30, 2015 Utilization Review non-certified a request for Norco 10/325 mg #240 and modified a request for Morphine ER 15 mg #60, noting that the provider has had ample time to wean the injured worker from Norco and noting that Morphine is not intended for chronic use. The request for Morphine was modified to allow for weaning purposes. The California Medical Treatment Utilization Schedule was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #240 and Morphine ER 15 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for an extended amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of three of the four A's of ongoing monitoring: pain relief, side effects, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Enough time was given for weaning off Norco. Because of these reasons, the request for Norco is considered medically unnecessary.

1 Prescription of Morphine ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for morphine is not medically necessary. The chart does not provide any objective documentation of improvement in pain with the use of morphine. There are no recent documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief morphine provided for the chronic pain. Because there was no documented evidence of objective improvement of pain with the use of morphine, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of morphine outweigh the benefits. Therefore, the request is considered not medically necessary.