

Case Number:	CM15-0039873		
Date Assigned:	03/10/2015	Date of Injury:	09/26/2006
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 9/26/2006. The details of the initial injury and a complete list of prior treatments to date were not submitted for this review. The diagnoses have included failed neck surgery status post C4-5 and C5-6 cervical fusion, chronic pain syndrome, cervicgia, occipital neuralgia, cervico-brachial syndrome, post laminectomy syndrome and depression. Currently, the IW complains of high-level pain in the neck associated with headaches. The pain management physical examination from 2/10/15 documented decreased cervical Range of Motion (ROM). The plan of care included continuation of medication therapy as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER (extended release) 30 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: This patient has a date of injury of 09/26/06, presents with chronic pain and has listed diagnoses of chronic pain syndrome, testicular dysfunction, depression, sleep issues and impotence of organic origin. The current request is for MORPHINE SULFATE ER (EXTENDED RELEASE) 30MG QTY 90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been taking Morphine since at least 07/21/14. The patient continually notes a decrease in pain with medications. He states he is able to sit for 1 hour with medications. The patient is also able to work 20-30 hours per week designing stairways with current medication regimen. Urine drugs screening are performed by the pain management specialist [REDACTED]. There are no reported side effects. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request IS medically necessary.

Norco 10/325 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: This patient has a date of injury of 09/26/06 and presents for medication management. The patient has listed diagnoses of chronic pain syndrome, testicular dysfunction, depression, sleep issues and impotence of organic origin. The current request is for NORCO 10/325MG QTY 120. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been taking Morphine since at least 07/21/14. The patient continually notes a decrease in pain with medications. He states he is able to sit for 1 hour with medications. The patient is also able to work 20-30 hours per week designing stairways with current medication regimen. Urine drugs screening are performed by the pain management specialist [REDACTED]. There are no reported side effects. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request IS medically necessary.