

Case Number:	CM15-0054057		
Date Assigned:	03/30/2015	Date of Injury:	02/18/1999
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, Washington

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 53-year-old female who reported injury on 02/18/1999. The diagnoses included cervicgia. The mechanism of injury was a trip on a phone cord. Prior therapies included psychiatric treatment, and opiates. The opiates were noted to be utilized since 2005. There was a Request for Authorization submitted for review dated 02/24/2015. The documentation of 02/23/2015 revealed the injured worker was on Klonopin wafers for 16 years which were noted to have controlled anxiety. The pain level was 7/10. The physical examination revealed the injured worker had decreased range of motion of the cervical spine. The diagnoses included reflex sympathetic dystrophy secondary to cervical disc disease and shoulder joint disease, major depressive disorder, general anxiety disorder and chronic pain. The treatment plan included Zofran 4 mg 1 tablet 4 times a day as needed for nausea, morphine IR 15 mg #90 one tablet 3 times a day, morphine ER 30 mg #90 three tablets 3 times a day, and Xanax 0.5 mg #90 one tablet 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics (for opioids nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron, Antiemetics.

Decision rationale: The Official Disability Guidelines do not recommend antiemetics including ondansetron for the treatment of nausea secondary to opioid use. The clinical documentation submitted for review indicated the injured worker had nausea. However, there was a lack of documentation indicating the cause of the nausea. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of efficacy for the requested medication. Given the above, the request for Zofran 4mg #120 is not medically necessary.

Xanax 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had anxiety that was controlled for 16 years with the use of benzodiazepines. However, the objective functional benefit was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 5mg #90 is not medically necessary. There was a lack of documentation of objective functional benefit.

Gabapentin 100mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30-50% and objective functional improvement. The clinical documentation submitted for review failed to indicate there was an objective decrease in pain of at least 30-50%. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate

the frequency for the requested medication. Given the above, the request for Gabapentin 100mg #150 is not medically necessary.

Morphine IR 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and evidence the injured worker was being monitored for aberrant drug behavior and side effects and there was a lack of documentation of objective functional improvement. The daily morphine equivalent dosing would be 135 mg, which exceeds the 120 mg maximum milligrams for oral morphine equivalents per day. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Morphine IR 15mg #90 is not medically necessary.

Morphine ER 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and evidence the injured worker was being monitored for aberrant drug behavior and side effects and there was a lack of documentation of objective functional improvement. The daily morphine equivalent dosing would be 135 mg, which exceeds the 120 mg maximum milligrams for oral morphine equivalents per day. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Morphine ER 30mg #90 is not medically necessary.

