

<b>Case Number:</b>	CM15-0088770		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58 year old female, who sustained an industrial injury on 11/18/2008. She reported neck pain after pulling a palette jack. The injured worker was diagnosed as having acute one chronic cervical pain, acute on chronic radicular pain of bilateral upper and bilateral lower extremities. Treatment to date has included medications, evaluations, cervical fusion, CT scan, and psychological testing. The request is for Morphine Sulfate ER, Oxycodone, and Ativan. On 3/21/2015, she complained of neck pain rated 10/10. The treatment plan included: Morphine Sulfate. On 4/17/2015, she complained of neck pain, rated 10/10, and associated headaches, blurred vision, urinary incontinence and bowel incontinence. She also reported having radicular pain in the hips and arms down to the fingers, tremors, occasional shortness of breath, chest pain, shoulder pain, nausea, vomiting, diarrhea, vertigo, and bilateral upper extremity motor loss. Current medications are listed as: Morphine ER, Oxycodone, and Celebrex. The treatment plan included: Morphine ER, Oxycodone, Lisinopril, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine E/R 60 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The patient is a 58 year old female with an injury on 11/18/2008. She was pulling a pallet jack and had a neck injury. She had cervical fusion. On 04/17/2015 she had chronic neck pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.

**Oxycodone 10 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The patient is a 58 year old female with an injury on 11/18/2008. She was pulling a pallet jack and had a neck injury. She had cervical fusion. On 04/17/2015, she had chronic neck pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.

**Ativan 1 MG #60:** Upheld

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

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

**Decision rationale:** The patient is a 58 year old female with an injury on 11/18/2008. She was pulling a pallet jack and had a neck injury. She had cervical fusion. On 04/17/2015 she had chronic neck pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not recommended.