

Case Number:	CM15-0231211		
Date Assigned:	12/07/2015	Date of Injury:	11/14/2006
Decision Date:	01/13/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/24/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 55 year old female who sustained an industrial-work injury on 11-14-06. The injured worker was diagnosed as having pain to bilateral shoulders, radiculopathy of cervical region, and post laminectomy syndrome. Treatment to date has included medication: Omeprazole, Morphine Sulfate ER, Oxycodone, Lyrica, Effexor; 3 cervical steroid injections, shoulder steroid injection (mild pain relief), stellate ganglion nerve block (no relief), spinal fusion surgery at the C5-C6 level, left shoulder arthroscopy and decompression. Currently, the injured worker complains of neck pain, left shoulder pain and right shoulder pain. Pain level decreased since last visit and pain is rated 3 out of 10 with medication and 5 out of 10 without. Quality of sleep is poor. Activity level has remained the same. Medication was taken as prescribed. Urine drug screen on 7-11-15 and 1-30-15 was consistent with prescribed medication. Per the primary physician's progress report (PR-2) on 10-23-15, exam noted mild distress, anxiety, no signs of intoxication or withdrawal, cervical spine had limited range of motion, tenderness on both sides at paracervical muscles, rhomboids, and trapezius, positive Spurling's maneuver, positive on both sides. The right shoulder is restricted with range of motion positive Hawkin's, reduced reflexes in the tendons of arms and reduced sensation over the C7 upper extremity dermatomes. Current plan of care includes continue current medication regimen. The Request for Authorization requested service to include Morphine IR 15mg #90 and OxyContin 40mg #60. The Utilization Review on 11-12-15 modified the request for Morphine IR 15mg #81 and OxyContin 40mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be upwards of 165, which is in excess of MTUS recommended guidelines. As such, the request for Morphine IR 15mg #90 is not medically necessary.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be upwards of 165, which is in excess of MTUS recommended guidelines. As such, the request for Oxycontin 40mg #60 is not medically necessary.