

Case Number:	CM15-0232222		
Date Assigned:	12/07/2015	Date of Injury:	02/18/1999
Decision Date:	01/19/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	11/25/2015

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 53 year old female, who sustained an industrial injury on 2-18-1999. Diagnoses include reflex sympathetic dystrophy secondary to cervical disc disease and shoulder joint disease, cervical degenerative disc disease, depressive disorder, general anxiety disorder, and chronic insomnia. Treatments to date include prescriptions including Prozac, Mobic, Neurontin, Xanax 0.5mg three times daily, MSO4 ER 30mg three times daily, MSO4 IR 15mg three times daily, and Zofran 4mg four times daily prescribed since at least 1-27-15, and Klonopin 0.5mg three times daily since at least May 2015. There is a history of successful pain relief with Ketamine infusions; however, it was not continued due to non-approval. On 10-19-15, she complained of ongoing pain rated 3 out of 10 VAS with Morphine use with increased functional ability. Current medications included Morphine IR 150 mg five times daily, Morphine ER 30mg twice daily, Prozac, Mobic, Klonopin 0.5mg three times daily, Gabapentin and Baclofen. The physical examination documented decreased cervical range of motion and left shoulder. The appeal requested authorization for Morphine IR 15mg #150, Morphine ER 30mg #60, and Klonopin 0.5mg #90. The Utilization Review dated 11-19-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with pain to neck and shoulder. The request is for Morphine IR 15mg, #150. Patient's diagnosis per Request for Authorization form dated 04/02/15 includes neck pain and cervical disc disease. Diagnosis on 10/19/15 includes calcific tendinitis of left shoulder, impingement syndrome of left shoulder, and unspecified cervical disc displacement. Physical examination on 10/19/15 revealed limited range of motion to neck and shoulder; and decrease in flexion and overhead extension. Treatment to date has included imaging and electrodiagnostic studies, cervical ESI, physical therapy, Ketamine infusion and medications. Patient's medications include Morphine Sulfate, Prozac, Mobic, Klonopin, Gabapentin, and Baclofen. Work status not provided, patient has been instructed to rest, per 10/19/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Morphine IR has been included in patient's medications per progress reports dated 04/15/14, 10/20/14, 06/26/15, and 10/19/15. It is not known when this medication was initiated. Per 10/19/15 report, the patient's pain is decreased to 3/10 with morphine and states "only Morphine immediate and extended release to keep the pain decrease to 3, able to do chores activities." In this case, treater has addressed analgesia and ADL's in discussing the 4A's. However, treater has not stated how Morphine IR significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, this request cannot be warranted. In addition, this patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Long-term use of opiates may in some cases be indicated for nociceptive pain according to MTUS, which states "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request is not medically necessary.

Morphine ER 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with pain to neck and shoulder. The request is for Morphine ER 30mg, #30. Patient's diagnosis per Request for Authorization form dated 04/02/15 includes neck pain and cervical disc disease. Diagnosis on 10/19/15 includes calcific tendinitis of left shoulder, impingement syndrome of left shoulder, and unspecified cervical disc displacement. Physical examination on 10/19/15 revealed limited range of motion to neck and shoulder; and decrease in flexion and overhead extension. Treatment to date has included imaging and electrodiagnostic studies, cervical ESI, physical therapy, Ketamine infusion and medications. Patient's medications include Morphine Sulfate, Prozac, Mobic, Klonopin, Gabapentin, and Baclofen. Work status not provided, patient has been instructed to rest, per 10/19/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Morphine ER has been included in patient's medications per progress reports dated 04/15/14, 10/20/14, 06/26/15, and 10/19/15. It is not known when this medication was initiated. Per 10/19/15 report, the patient's pain is decreased to 3/10 with morphine and states "only Morphine immediate and extended release to keep the pain decrease to 3, able to do chores activities." In this case, treater has addressed analgesia and ADL's in discussing the 4A's. However, treater has not stated how Morphine IR significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, this request cannot be warranted. In addition, this patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Long-term use of opiates may in some cases be indicated for nociceptive pain according to MTUS, which states "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request is not medically necessary.

Klonopin .5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with pain to neck and shoulder. The request is for Klonopin .5mg, #90. Patient's diagnosis per Request for Authorization form dated 04/02/15 includes neck pain and cervical disc disease. Diagnosis on 10/19/15 includes calcific tendinitis of left shoulder, impingement syndrome of left shoulder, and unspecified cervical disc displacement. Physical examination on 10/19/15 revealed limited range of motion to neck and shoulder; and decrease in flexion and overhead extension. Treatment to date has included imaging and electrodiagnostic studies, cervical ESI, physical therapy, Ketamine infusion and medications. Patient's medications include Morphine Sulfate, Prozac, Mobic, Klonopin, Gabapentin, and Baclofen. Work status not provided, patient has been instructed to rest, per 10/19/15 report. MTUS Guidelines, Benzodiazepines, page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The Klonopin has been included in patient's medications per progress reports dated 04/15/14, 10/20/14, 06/26/15, and 10/19/15. It is not known when this medication was initiated. In this case, the patient has been taking Klonopin at least since 04/15/14. Guidelines do not recommend long-term use of benzodiazepines due to risk of dependence, and use is limited to 4 weeks. Continued use of Klonopin is not supported by MTUS nor ODG. Therefore, the request is not medically necessary.