MAXIMUS Federal Services

Case Number:	CM15-0013955		
Date Assigned:	02/02/2015	Date of Injury:	01/25/2007
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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, Arizona
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 35-year-old female who reported an injury on 01/25/2007. The mechanism of injury reportedly occurred while attempting to lift and pull a disabled adult student weighing approximately 240 pounds onto a chair utilizing a motorized lift out the hammock. Diagnoses include cervical disc herniation with radiculopathy. Medications included fentanyl, oxycodone, Topamax, Pristiq, Ativan, Restoril, Flexeril, and topical Lidoderm patches. Surgical history was not provided. Diagnostic studies include a urine drug screen. Other therapies were noted to include physical therapy, medications, injections, hot and cold packs, and electrical stimulation. Surgical history included left open resection of the distal clavicle, acromioplasty and resection of the coracoacromial ligament on 01/31/2008. Urine drug screens were performed on 08/31/2013, 10/05/2013, 12/07/2013, 02/12/2014, 03/12/2014, and 09/26/2014. Diagnostic studies included an MRI of the cervical spine on 10/20/2014 and an Agreed Medical Exam dated 10/09/2012. The progress report dated 11/06/2014 noted the patient had ongoing complaints of cervical and upper extremity pain with numbness and weakness of the upper extremities. Upon examination of the cervical spine, there was tenderness to palpation over the posterior cervical spine with decreased range of motion in all directions to 50% of normal. There was 2+ paravertebral muscle spasm. There was bilateral weakness of the triceps muscles with decreased triceps reflex. There was diminished sensation of the triceps area in the ulnar aspect of the forearm. A treatment recommendation noted that as the injured worker had failed to respond to conservative therapy and is reliant on multiple medications for pain. It is recommended she proceed with surgical intervention. The injured worker was not working at

that time. She was to followup in 2 months. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day supply of Morphine Sulfate ER 30mg, per 12/17/14 Rx quantity 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of opioids Page(s): 93,76,78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93.

Decision rationale: The request for 30 Day supply of morphine sulfate ER 30mg, per 12/17/14 Rx quantity 90.00 is not supported. The California MTUS 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 patient 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 patient had a history of back pain. There is lack of documentation of functional improvement from said medication. There is lack of documentation of decreased pain and side effects or aberrant behavior from said medication. There is lack of documentation of the frequency for request. Medical necessity has not been established based upon the provided documentation. As such, the request is not medically necessary.