

Case Number:	CM15-0122616		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2010
Decision Date:	08/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 38 year old female who sustained an industrial injury on 5/13/10. The injured worker was diagnosed as having cervical radiculopathy and thoracic outlet syndrome. Treatment to date has included oral medications including Morphine Sulfate 30mg, Clonazepam 0.5mg, Carisoprodol 350mg, Alprazolam 0.25mg, Morphine Sulfate ER 60mg, Ondansetron 8mg, Oxycodone 5mg and Replax 20mg and activity restrictions. Currently, the injured worker complains of neck pain and arm pain. Pain relief with MS Contin was described as suboptimal, with notation that pain was worse with MS Contin than with prior use of OxyContin. She is anxious regarding upcoming surgery and continues to have poor level of functioning and difficulty sleeping. She is not working currently. Physical exam dated 1/6/15 noted the injured worker to be tearful, anxious and non-intoxicated. The treatment plan included continuation of Carisoprodol 350mg, MS Contin and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker complains of continued neck and arm pain. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has chronic neck and arm pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Documentation notes she remains off work and is highly symptomatic. There was no documentation of improvement in specific activities of daily living as a result of use of morphine. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Urine drug testing and opioid contract were not discussed. Therefore, morphine does not meet the criteria for long-term opioids as elaborated in the MTUS and is not medically necessary.

Morphine ER 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker complains of continued neck and arm pain. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has chronic neck and arm pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Documentation notes she remains off work and is highly symptomatic. There was no documentation of improvement in specific activities of daily living as a result of use of morphine. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Urine drug testing and opioid contract were not discussed. Therefore, morphine does not meet the criteria for long term opioids as elaborated in the MTUS and is not medically necessary.

Oxycodone 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker complains of continued neck and arm pain. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has chronic neck and arm pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Documentation notes she remains off work and is highly symptomatic. There was no documentation of improvement in specific activities of daily living as a result of use of oxycodone. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Urine drug testing and opioid contract were not discussed. Therefore, Oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is not medically necessary.