

Case Number:	CM15-0065184		
Date Assigned:	04/13/2015	Date of Injury:	09/26/2006
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
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 54 year old male, who sustained an industrial injury on 9/26/2006. Diagnoses include chronic pain syndrome, cervicgia, occipital neuralgia, cervicobrachial syndrome, post laminectomy syndrome cervical region, depression, anxiety disorder and chronic insomnia. Treatment to date has included surgical intervention (cervical discectomy and fusion x 2 undated, and shoulder surgery (3/2008) and medications. Per the Pain Management Progress Report dated 3/17/2015, the injured worker reported constant pain and spasticity in the head, bilateral arms, right leg, neck, bilateral shoulders, right hip and chest wall. Physical examination revealed right rotation of the neck is about 25% of expected full and approximately 50% of expected full in the right. The plan of care included medications and authorization was requested for Morphine ER 30mg #90 and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 30mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are chronic pain syndrome; cervicgia; occipital neuralgia; cervicobrachial syndrome; post laminectomy syndrome cervical region; depression and anxiety and insomnia. Subjectively, according to an October 20, 2014 progress note, the VAS pain scale is 8/10. The medications listed in the medical record were Norco 10/325 mg 1 to 2 tablets every 4 to 6 hours and Morphine sulfate ER 30 mg PO TID were prescribed by the treating provider at that time. Subjectively, the injured worker has pain in the head, bilateral arms, right leg, neck, bilateral shoulders, right hip and chest wall. According to the March 18, 2015 progress note, subjectively, the injured worker has a VAS pain scale of 8/10. The injured worker states his pain level is usually at an 8/10 (average). From October 20, 2014 through March 18, 2015 the VAS pain scale remained elevated at 8/10. The injured worker reports an average of 8/10. There is no documentation of objective functional improvement with the ongoing use of Morphine sulfate ER 30 mg. There has been no attempt at weaning Morphine sulfate. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation and evidence of objective functional improvement, attempts at weaning morphine sulfate with a persistently elevated VAS pain score of 8/10, Morphine Sulfate ER 30mg #90 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose

should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are chronic pain syndrome; cervicgia; occipital neuralgia; cervicobrachial syndrome; post laminectomy syndrome cervical region; depression and anxiety and insomnia. Subjectively, according to an October 20, 2014 progress note, the VAS pain scale is 8/10. The medications listed in the medical record were Norco 10/325 mg 1 to 2 tablets every 4 to 6 hours and Morphine sulfate ER 30 mg PO TID were prescribed by the treating provider at that time. Subjectively, the injured worker has pain in the head, bilateral arms, right leg, neck, bilateral shoulders, right hip and chest wall. According to the March 18, 2015 progress note, subjectively, the injured worker has a VAS pain scale of 8/10. The injured worker states his pain level is usually at an 8/10 (average). From October 20, 2014 through March 18, 2015 the VAS pain scale remained elevated at 8/10. The injured worker reports an average of 8/10. There is no documentation of objective functional improvement with the ongoing use of Norco 10/325 mg. There has been no attempt at weaning Norco 10/325 mg. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation and evidence of objective functional improvement, attempts at weaning Norco 10/325 mg with a persistently elevated VAS pain score of 8/10, Norco 10/325 mg # 120 is not medically necessary.