

Case Number:	CM15-0097701		
Date Assigned:	05/28/2015	Date of Injury:	09/26/2006
Decision Date:	06/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male sustained an industrial injury to the cervical spine on 9/26/06. Previous treatment included magnetic resonance imaging, cervical fusion times two, In an office visit dated 4/14/15, the injured worker complained of pain to the head, bilateral arms, right leg, neck, bilateral shoulders and right hip, rated 7-10/10 on the visual analog scale. The injured worker reported resting or reclining 50-75% of the day. The injured worker stated that he did not get up and out of bed, dressed or go out of the house on a daily basis. Physical exam was remarkable for decreased cervical spine range of motion. The injured worker was tearful, easily distracted, hyperactive, and anxious and agitated with a depressed affect. Current diagnoses included chronic pain syndrome, cervicgia, occipital neuralgia, cervicobrachial syndrome, cervical post laminectomy syndrome, anxiety, depression, insomnia and obesity. The injured worker had been prescribed Norco and Morphine Sulfate ER since at least 10/20/14. The treatment plan included refilling medications (Morphine Sulfate ER, Norco, Amitriptyline, Gabapentin, Celexa, Nexium, Zanaflex, Imitrex, Fortesta and Zantac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2006 and continues to be treated for neck, head, bilateral shoulder, and right hip and leg pain. When seen, there was, decreased cervical spine range of motion. He was anxious, distractible, hyperactive, anxious, and depressed. Morphine and hydrocodone are being prescribed at a total MED (morphine equivalent dose) 1340 mg per day. When medications were being provided, pain was rated at 8/10 with or without medication use. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, the total MED (morphine equivalent dose) is more than 120 mg per day and there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.

Morphine Sulfate ER (extended release) 30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2006 and continues to be treated for neck, head, bilateral shoulder, and right hip and leg pain. When seen, there was, decreased cervical spine range of motion. He was anxious, distractible, hyperactive, anxious, and depressed. Morphine and hydrocodone are being prescribed at a total MED (morphine equivalent dose) 1340 mg per day. When medications were being provided, pain was rated at 8/10 with or without medication use. Morphine Sulfate ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, the total MED (morphine equivalent dose) is more than 120 mg per day and there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.