

Case Number:	CM14-0156966		
Date Assigned:	09/29/2014	Date of Injury:	12/10/1999
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED], employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 10, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; transfer of care to and from various providers in various specialties; adjuvant medications; unspecified amounts of physical therapy; earlier cervical fusion surgery; and earlier rotator cuff repair surgery. In a utilization review report dated September 5, 2014, the claims administrator partially approved a request for morphine, partially approved a request for Norco, approved another request for morphine, and approved a request for gabapentin. The applicant's attorney subsequently appealed. In a progress note dated September 12, 2013, it was noted that the applicant was 74 years old. The applicant was reportedly stable on morphine, Norco, and Neurontin, it was stated. The applicant's pain levels were scored as mild to moderate. The attending provider stated that the applicant was able to perform unspecified activities, "many activities," it was suggested. These were not elaborated or expounded upon, however. The applicant was permanent and stationary, it was acknowledged. In a February 5, 2014, progress note, the attending provider again stated that the applicant was able to move about, remain active, and independently perform activities of daily living. 3/10 shoulder pain was appreciated with some limitations in motion noted. Morphine, Neurontin, and Norco were renewed. On May 7, 2014, it was acknowledged that the applicant was no longer able to drive a truck but was able to drive his personal vehicle independently. The applicant had quit smoking, it was acknowledged. The applicant stated that medications were allowing him to continue home exercises and were reducing his pain scores by 50%. The applicant stated that his pain scores were reduced from 8-9/10 without medications to 4/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine Sulfate 100mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting an appropriate reduction in pain scores from 8-9/10 without medications to 4/10 with medications. The applicant is reportedly performing home exercises, reaching overhead, and driving, all attributed to ongoing medication consumption, including ongoing opioid therapy. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

1 prescription of Norco 10/325mg #240 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has not returned to work at age 75, the attending provider has outlined several improvements in function, including improved ability to perform home exercises, lift, reach overhead, drive, etc., achieved as a result of ongoing opioid therapy, including ongoing Norco usage. The applicant's ability to perform home exercises is likewise preserved and has been attributed to ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.