

<b>Case Number:</b>	CM14-0059786		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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. 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 02/15/2012. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included sprain/strain thoracic region; left shoulder rotator cuff tendinosis; lumbosacral spondylosis; and lumbar disc displacement without myelopathy. Treatment to date has included medications, diagnostics, epidural steroid injection, physical therapy, and home exercise program. Medications have included Morphine Sulfate ER, Orphenadrine ER, Topamax, Buprenorphine, Venlafaxine, Relafen, and Protonix. A progress report from the treating provider, dated 04/22/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; her pain is worse in the mornings; she has radiation of pain into both lower extremities, left greater than right; her leg and back pain are equal; she recently suffered a hairline fracture two months ago of the third middle digit on the right hand; she is scheduled for a lumbar epidural injection on 04/29/2014; and she has had lumbar epidural steroid injection in the past with benefit and provided a 50% decrease in pain. Objective findings included she is wearing a splint on the right hand. The treatment plan has included the request for Morphine Sulf ER 15 mg 1 tab twice daily for 3 days #90; Nabumetone - Relafen 500mg take 1 twice daily #90; and Pantoprazole - Protonix 20 mg 1-2 daily stomach/estomango #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulf Er 15 mg 1 tab BID X 3 days #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

**Decision rationale:** The claimant sustained a work-related injury in February 2012 and continues to be treated for chronic neck, low back, and left shoulder pain. When seen, pain was rated at 9/10. There was lumbar spine tenderness with decreased range of motion. There was decreased lower extremity strength with positive straight leg raising. There was decreased left shoulder range of motion with tenderness and negative impingement testing. Buprenorphine was discontinued. Morphine ER was prescribed at a total MED (morphine equivalent dose) of 30 - 45 mg per day. The claimant's past medical history and review of systems were negative for gastrointestinal problems. Morphine 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 when she was having severe pain and buprenorphine was not providing pain relief. There were no identified issues of abuse or addiction and the total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Morphine ER was medically necessary.

**Nabumetone-relafen 500mg take 1 2 Xdaily #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 72-73. Decision based on Non-MTUS Citation ODG, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in February 2012 and continues to be treated for chronic neck, low back, and left shoulder pain. When seen, pain was rated at 9/10. There was lumbar spine tenderness with decreased range of motion. There was decreased lower extremity strength with positive straight leg raising. There was decreased left shoulder range of motion with tenderness and negative impingement testing. Buprenorphine was discontinued. Morphine ER was prescribed at a total MED (morphine equivalent dose) of 30 - 45 mg per day. The claimant's past medical history and review of systems were negative for gastrointestinal problems. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Pantoprazole-protonix 20mg 1-2 daily stomach/estomango #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in February 2012 and continues to be treated for chronic neck, low back, and left shoulder pain. When seen, pain was rated at 9/10. There was lumbar spine tenderness with decreased range of motion. There was decreased lower extremity strength with positive straight leg raising. There was decreased left shoulder range of motion with tenderness and negative impingement testing. Buprenorphine was discontinued. Morphine ER was prescribed at a total MED (morphine equivalent dose) of 30 - 45 mg per day. The claimant's past medical history and review of systems were negative for gastrointestinal problems. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Protonix (pantoprazole) was not medically necessary.