MAXIMUS Federal Services

Case Number:	CM13-0002327		
Date Assigned:	12/11/2013	Date of Injury:	03/17/2001
Decision Date:	02/06/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

57 year old male who suffered an injury in 1999 while driving a truck during the performance of his usual work, as a result, patient had pain the lower back, right shoulder and left leg. Overtime the pain on the right shoulder and left leg improved but the pain in the lower back persisted. In July 16 2013 patient was involved in a MVA which aggravated his symptoms.pt has been treated with physical therapy, chiropractic manipulations, epidural injections, facets injections and back surgery without any success. The patient has also been treated with oral pain medications and muscle relaxants but the pain in his back persisted and interfered with his activities of daily living. Clinical records provided show that at a pain management follow up visit on 10/30/13, patient complained of pain in the neck that was radiating to the right upper extremity and the pain in the lower back which was radiating to the right lower extremity. He rates his pain as 8/10 intensity with medications and 9/10 without medication, he indicated that the pain has gotten worse without morphine for pain. Previous attempts to wean him off morphine had not been successful. Physical examination shows patient has portable oxygen and walks with a walker and uses nasal cannula for his oxygen. There is pain on palpation of cervical spine C4 -7 with slight limitation of range of motion. There was spasm noted bilaterally in the paraspinous muscles and range of movement of the lumbar spine was limited. The patient was administered the Oswestry 2.0 disability index questionnaire and he had a score of 72%. Based on this score, patient is considered functional level of crippled functional disability. Patient has crippled functional disability and is having significant pain that is interfering with his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Morphine Sulfate ER 100MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Opioids Page(s): 74-97.

Decision rationale: Patient meets the CA MTUS Treatment Guidelines for Opioid Use to control his pain. Clinical records show that the patient's pain was not improved with other modalities of pain management and he has a pain management contract in place. The CURES Report does not show any inconsistencies. The patient has been on high doses of opioids for his pain without any documented side effects. Patient has complied with his opioid pain treatment agreement (page 89) and has not exhibited any "red flags" of potential abuse. Even though the documentation shows only about a 10% reduction in patient's pain with medication, this reduction allows the patient to perform his activities of daily living, (page 89 under Strategy for maintenance), and he does not meet criteria for discontinuation of opioids as noted on page 79 of the guidelines.

Request for Morphine Sulfate ER 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Opioids Page(s): 74-97..

Decision rationale: Patient meets the CA MTUS Treatment Guidelines for Opioid Use to control his pain. Clinical records show that the patient's pain was not improved with other modalities of pain management and he has a pain management contract in place. The CURES Report does not show any inconsistencies. The patient has been on high doses of opioids for his pain without any documented side effects. Patient has complied with his opioid pain treatment agreement (page 89) and has not exhibited any "red flags" of potential abuse. Even though the documentation shows only about a 10% reduction in patient's pain with medication, this reduction allows the patient to perform his activities of daily living, (page 89 under Strategy for maintenance), and he does not meet criteria for discontinuation of opioids as noted on page 79 of the guidelines.

Request for MSIR 30MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Opioids Page(s): 74-97.

Decision rationale: Patient meets the CA MTUS Treatment Guidelines for Opioid Use to control his pain. Clinical records show that the patient's pain was not improved with other modalities of pain management and he has a pain management contract in place. The CURES Report does not show any inconsistencies. The patient has been on high doses of opioids for his pain without any documented side effects. Patient has complied with his opioid pain treatment agreement (page 89) and has not exhibited any "red flags" of potential abuse. Even though the documentation shows only about a 10% reduction in patient's pain with medication, this reduction allows the patient to perform his activities of daily living, (page 89 under Strategy for maintenance), and he does not meet criteria for discontinuation of opioids as noted on page 79 of the guidelines. MSIR is "Morphine Sulphate Instant Release" which means it instantly releases the medication. MS Contin is a Long Acting drug which means it is Time Released. MSIR is used for "Breakthrough Pain" with people that are on long term, long acting pain medication. It is also used for people that have occasion moderate to severe pain such as cancer, back pain, surgery, etc that have been prescribed pain medication before. MS Contin is used for people that are on long term pain medication therapy (COAT). This patient has been on long-term, long acting pain medications and it is medically appropriate to have him on MSIR as needed for breakthrough pain.