MAXIMUS Federal Services

Case Number:	CM13-0025472		
Date Assigned:	06/06/2014	Date of Injury:	05/09/1991
Decision Date:	07/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was injured in 1990 after repetitive movements using her right hand, she developed chronic right arm and shoulder pain, which was treated with surgery, oral medications, physical therapy, and nerve blocks. Since being hit by a car in 1997, she developed headaches, hip pain, anxiety, and depression. She was diagnosed with reflex sympathetic dystrophy, impingement of right shoulder, cervical sprain/strain, dorsal sprain/strain, lumbar spine strain/sprain, right shoulder strain/sprain, hypertension, diabetes mellitus, obesity, right shoulder rotator cuff tear, right trigger finger, migraines, anxiety, and depression. The patient had been using the following medications chronically leading up to the requests made: Ambien, Vicodin, Neurontin, MS Contin, Topamax, Imitrex, scopolamine patch, and Valium, according to the records provided. Limited information regarding her opioid use and benefits with use is found in the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 PRESCRIPTIONS FOR MORPHINE SULFATE ER (DOS 1/9/13 QTY:#240, 2/15/13 QTY: #360, 3/20/13 QTY: #240) TOTAL QUANTITY #840: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using opioids chronically for her chronic pain, however, there was no evidence provided in the documents for review suggesting these provided measurable function and pain benefits. The required review of the above items was not seen in the progress notes, and therefore the Morphine Sulfate ER (Date Of Service1/9/13 QTY:#240, 2/15/13 QTY: #360, 3/20/13 QTY: #240) total quantity #840 is not medically necessary without this documentation, and if it is not significantly helping her pain and function then weaning is suggested in this case.