

Case Number:	CM13-0030036		
Date Assigned:	11/27/2013	Date of Injury:	01/17/2012
Decision Date:	02/03/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

This claimant is a 32 year-old female with a reported date of injury of 01/13/2009. The mechanism of injury is described as a slip and fall. She was seen on 10/07/2013 for continued complaints of pain to her neck, bilateral shoulders and upper extremity pain. She has been utilizing Tramadol ER and over-the-counter nonsteroidal anti-inflammatories approximately 3 times a day for pain control. Medications also included Relafen, Colace, Topamax, Flexeril, Lidoderm patch, and Morphine Sulfate ER 15 mg 1 tablet every 8 hours for pain. She noted pain at that time was 8/10 on a VAS scale. She returned on work on 11/01/2013 and continued to report pain to her neck, bilateral shoulders and upper extremities. She stated morphine had been adequately controlling her pain compared to Tramadol. She continued to report pain radiating down her neck with radicular symptoms into her right upper extremity. She denied adverse effects from medications. Medications were not refilled at that time. Diagnoses included lumbar disc displacement without myelopathy, pain in shoulder joint, sprains/strains of neck and chronic pain. Plan going forward was to recommend morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Morphine Sulfate ER 15mg tid #54: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 22, 67-68, 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 93.

Decision rationale: California MTUS Chronic Pain Guidelines indicate monitoring of the "4 A's" for patients on opioids for chronic pain. The "4 A's" include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The submitted medical records do not include current documentation of monitoring of the "4 A's" as drug screens have not been provided for the recent past. Additionally on 10/07/2013 while taking morphine sulfate ER 15 mg along with Lidoderm patch, he reported pain at 8/10. This would indicate that the medication was not completely effective thereby the "4 A's," analgesia was not effectively controlled. Furthermore, on 11/01/2013 the claimant was seen in clinic, and her pain was not objectively documented to support continuation of any pain medications. There was lack of urine drug screens to document if this patient is not aberrant with continued use of this medication. Specifically, for morphine sulfate, MTUS Chronic Pain Guidelines indicate this medication should be "reserved for patients with chronic pain, who are in need of continuous treatment." As the records do not indicate a current pain score, the records do not indicate this patient is in pain objectively, and therefore, continued use of this medication is not supported by MTUS Chronic Pain Guidelines. Therefore, the request for retrospective determination for Morphine Sulfate ER 15 mg 3 times a day #54 is non-certified.