

Case Number:	CM13-0057105		
Date Assigned:	12/30/2013	Date of Injury:	06/10/1998
Decision Date:	04/10/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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 patient is a 60 year old female with date of injury 6/10/98. The treating physician's report dated 7/16/13 indicates that the patient has chronic left greater than right wrist pain. The current diagnoses are complex regional pain syndrome and post surgical carpal tunnel syndrome. The utilization review report dated 10/24/13 denied the request for Morphine Sulfate IR 30mg and a modification of MS Contin 115mg to MS Contin 115mg #15 based on the rationale of lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE IR 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-96.

Decision rationale: The patient presents with chronic pain affecting the wrists with a diagnosis of CRPS. There were several reports from her pain management physician that indicated she has been taking MS-Contin 90mg (which was increased to 100mg on 3/14/13) and Morphine Sulfate IR 30mg since at least 1/17/13. Review of progress reports from 2013 show that there is lack of

documentation of any functional improvement with chronic opiate use. The report dated 7/16/13 states: that at this time her pain remains poorly controlled with utilization of MS-Contin 100mg every 8 and MSIR 30mg every 6 hours. There is no documentation of what the current pain levels are other than severe on 1/17/13. The Chronic Pain Treatment Guidelines recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The guidelines further require documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the medical records provided for review do not indicate if the patient is doing any better with these medications. There is no evidence that chronic opiate use has done anything for the patient's pain or function. Therefore, the request for Morphine Sulfate IR 30mg is not medically necessary and appropriate.

MS CONTIN 115MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-96.

Decision rationale: The patient presents with chronic pain affecting the wrists with a diagnosis of CRPS. I have thoroughly reviewed the supplied reports from her pain management physician that indicated she has been taking MS-Contin 90mg (which was increased to 100mg on 3/14/13) and Morphine Sulfate IR 30mg since at least 1/17/13. The treating physician has failed to document any functional improvement with opioid usage. The report on 1/17/13 states the patient is reporting minimal improvement in her overall pain management from her last visit. The report dated 7/16/13 states that at this time her pain remains poorly controlled with utilization of MS-Contin 100mg every 8 and MSIR 30mg every 6 hours. There is no documentation of what the current pain levels are, except it states severe on 1/17/13. The Chronic Pain Treatment Guidelines recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The guidelines further require documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the medical records provided for review do not indicate if the patient is doing any better with these medications. There is no evidence that chronic opiate use has done anything for the patient's pain or function. Therefore, the request for MS Contin 115mg is not medically necessary and appropriate.