

Case Number:	CM13-0069731		
Date Assigned:	01/03/2014	Date of Injury:	05/24/2001
Decision Date:	06/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine, 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 56 year old female who was injured on 05/24/2001. The mechanism of injury is unknown. A follow-up report dated 12/05/2013 states the patient has decreased Oxymorphone from 1/2-1 tablet 3 times a day to taking just one a day as needed. The patient complains of low back and bilateral leg pain. The patient returns for follow-up and medication management. Apparently, she was taken off of work for nonindustrial reasons but because of that she was able to decrease her Oxymorphone. She will keep her decreased dosage and continue extended release morphine as her main pain management medication. Her pain level with medications is 5/10 and without medications is 10/10. She rates her pain while performing her responsibilities a 5/10 and responsibilities without medications a 10/10. Recreation with medications is 5/10 and recreation without medications is 10/10. Social activity with medications is rated as 6/10 without medications is 10/10; self care with medications is 7/10 and without medications is 10/10. The patient has an allergy to Oxycontin and Vicodin. At the last visit, her medications were morphine 60 mg tablet extended release and Oxymorphone 10 mg, Alprazolam, Ketoralac.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE 60MG QTY: 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 76-82.

Decision rationale: As per the MTUS Chronic Pain Guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records reviewed indicates that this patient has chronic lower back pain radiating to the leg and has been prescribed this medication for long periods of time. However, this patient has consistently reported his pain level as 5-6/10 with no reduction in pain level and no documentation of functional improvement with the use of this medication. A progress report dated 12/05/2013 indicates this patient has been prescribed Morphine 60 mg TID and Opana ER 10 mg TID, which exceeds the MTUS Chronic Pain Guidelines' recommended dosing of no more than 120 mg oral morphine equivalents per day. Thus, the request is not medically necessary and appropriate.