MAXIMUS Federal Services

Case Number:	CM14-0103364		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2012
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 injured worker is a 55-year-old female with a reported history of industrial injury on November 20, 2012. According to the submitted clinical notes the injured worker was employed as a sales associate for [redacted] and while in the store room she carried out a heavy box of bags which resulted in onset of low back pain. The listed diagnoses are lumbago, thoracic/lumbosacral neuritis/radiculitis, and peripheral neuropathy. Reported treatment to date has consisted of activity modifications, oral analgesics, physical therapy, and lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine SR 15mg, QTY: 60: Overturned

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): 74-75, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, criteria for use, Ongoing management.

Decision rationale: According to the California medical treatment utilization schedule guidelines and the Official Disability Guidelines, if opioids will be used for the management of chronic pain, ongoing management requires that prescriptions be issued by a single practitioner,

the lowest possible dose be prescribed, documentation of pain relief, functional status, side effects and appropriate medications use as well as evaluation for aberrant behavior is required. It is also recommended to perform drug screening and consider consultation if the use of opioids extends beyond 3 months. Based on the submitted clinical notes, the injured worker has undergone extensive conservative care and has had a surgical consult but surgical intervention was not recommended. On April 04, 2014, the injured worker signed an opiate contract with the current primary treating physician and was only being treated with short-acting opioids. However, due to the need for around the clock analgesia, on April 21, 2014, the injured worker was started on extended release Morphine 15mg daily. Subsequent visit document reports of improved pain control and there is no documentation of side effects, signs of aberrant behavior, or need for escalating doses of medication. Medical necessity for the use of extended release Morphine has been established. The previous denial was based on the absence of documentation of an opioid contract and functional improvement but the submitted clinical notes document this information. Therefore, this request is medically necessary.

Acetaminophen-Codeine 300/30mg, QTY: 120 with 1 refill: Overturned

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): 74-75, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, criteria for use, Ongoing management.

Decision rationale: According to the California medical treatment utilization schedule guidelines and the Official Disability Guidelines, Codeine 15mg to 60mg per dose may be given Q4 hours as needed for pain with a maximum of 360mg per day. Based on the submitted clinical notes, the member is taking extended release Morphine 15 mg twice daily and using Tylenol with Codeine for breakthrough pain. Absent documented need for escalating doses of opioids and ongoing monitoring as discussed in the request for Morphine above, medical necessity for the submitted request has been established. The previous denial was based on the absence of documentation of an opioid contract and functional improvement but the submitted clinical notes document this information. Therefore, this request is medically necessary.