

Case Number:	CM14-0112400		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2006
Decision Date:	10/28/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 56-year-old male with a reported injury on 02/01/2006. The mechanism of injury was not provided. The injured worker's diagnoses included pain in joint (ankle/foot) and closed fibula fracture. The injured worker's previous treatments included medications. No pertinent diagnostic testing was provided for review. The injured worker's surgical history included a left ankle surgery that was unspecified. The injured worker was evaluated on 01/14/2013 for complaints of chronic left ankle pain. The injured worker reported that cold temperatures had been aggravating his pain. He also complained of increased pain with standing and walking on the left leg. The injured worker reported muscle spasms in the leg and back. The clinician observed and reported that he detected no aberrant behavior and that the injured worker reported having improvement in both pain and function with the use of his medications. The injured worker's medications included Norflex 100 mg, every 6 hours as needed; Cymbalta 60 mg, per day; tramadol 50 mg, 1 every 8 hours as needed; Sentra PM medical food; gabapentin 600 mg, 3 times per day; Ketamine 5% cream; morphine sulfate ER 15 mg tablet, 1 tablet 3 times a day in addition to the 30 mg tablets; and morphine sulfate ER 30 mg, 1 tablet every 8 hours. The request was for retrospective morphine ER 15 mg #90, DOS 05/23/2014, retrospective morphine ER 30 mg #90, DOS 05/23/2014, and retrospective Norflex 100 mg #90 with 5 refills, DOS 05/23/2014. There was no rationale for these requests. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Morphine ER 15mg, quantity 90, (DOS 5/23/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The retrospective request for Morphine ER 15mg, qty 90, DOS 5/23/14 is not medically necessary. The injured worker continued to complain of left foot and ankle pain. The California MTUS Chronic Pain Guidelines recommend that long term users of opioids, 6 months or more, have frequent reassessments and the questions to be answered include: has the diagnosis changed? What other medications is the patient taking? Are they effective, producing side effects? What treatments have been attempted since the use of opioids? Have they been effective? For how long? Additionally, pain and functional improvement must be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed each visit and function should be measured at 6 month intervals using a numeric scale or validated instrument. Adverse effects or their absence should be documented. Does the patient appear to be in need of psychological consultation? And finally, is there any indication for a screening instrument for abuse or addiction? The provided documentation only included one visit note. The injured worker did report that the medications were working; however, there was no documented quantifiable decrease in pain or increase in functional ability compared to baseline. There was no mention of the injured worker using a home exercise program or any other forms of pain control. There is no provided documentation of questioning regarding adverse effects. Based on the provided documentation, the total daily morphine equivalent dose for the patient using the morphine ER 45 mg twice per day is 135mg., which exceeds the recommended daily maximum amount of 120 mg. The total daily morphine increases to 165 mg when you include the tramadol for breakthrough pain. Additionally, the request did not include a frequency of dosing. Therefore, the request for Morphine ER 15mg, qty 90, DOS 5/23/14 is not medically necessary.

Retrospective request for Morphine 30mg, quantity 90, (DOS 5/23/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The retrospective request for Morphine 30mg, qty 90, DOS 5/23/14 is not medically necessary. The injured worker continued to complain of left foot and ankle pain. The California MTUS Chronic Pain Guidelines recommend that long term users of opioids, 6 months or more, have frequent reassessments and the questions to be answered include: has the diagnosis changed? What other medications is the patient taking? Are they effective, produce side effects? What treatments have been attempted since the use of opioids? Have they been

effective? For how long? Additionally, pain and functional improvement must be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed each visit and function should be measured at 6 month intervals using a numeric scale or validated instrument. Adverse effects or their absence should be documented. Does the patient appear to be in need of psychological consultation? And finally, is there any indication for a screening instrument for abuse or addiction? The provided documentation only included 1 visit note. The injured worker did report that the medications were working; however, there was no documented quantifiable decrease in pain or increase in functional ability compared to baseline. There was no mention of the injured worker using a home exercise program or any other forms of pain control. There is no documentation of questioning regarding adverse effects. Based on the provided documentation, the total daily morphine equivalent dose for the patient using the morphine ER 45 mg twice per day is 135 mg., which exceeds the recommended daily maximum amount of 120 mg. The total daily morphine increases to 165 mg when you include the tramadol for breakthrough pain. Additionally, the request did not include a frequency of dosing. Therefore, the request for Morphine 30mg, qty 90, DOS 5/23/14 is not medically necessary.

Retrospective request for Norflex 100mg, quantity 90 with 5 refills, (DOS 5/23/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The retrospective request for Norflex 100mg, qty 90 with 5 refills, DOS 5/23/14 is not medically necessary. The injured worker continued to complain of left foot and ankle pain. The California MTUS Chronic Pain Guidelines recommend the use of muscle relaxants with caution as a second line option for short term treatment. Short term treatment generally refers to a period of 2 weeks or less. The request was for DOS 05/23/2014. The injured worker was taking the Norflex 100 mg prior to 01/14/2013. Five refills would not be indicated without a documented evaluation of the efficacy of the treatment. Additionally, the request did not include a frequency of dosing. Therefore, the retrospective request for Norflex 100mg, qty 90 with 5 refills, DOS 5/23/14 is not medically necessary.