

Case Number:	CM14-0114600		
Date Assigned:	08/06/2014	Date of Injury:	05/20/1995
Decision Date:	11/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/22/2014

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

This 52-year-old patient had a date of injury on 5/20/1995. The mechanism of injury was not noted. In a progress noted dated 6/25/2014, subjective findings included pain medications help reduce her pain by 60% and allow her to remain functional during the day during basic ADLs such as getting dressed and her HEP. She is noted to be on MS Contin 15mg 6/day and Percocet 7.5/325mg 6/day. On a physical exam dated 6/25/2014, objective findings included left upper extremity pain from shoulder to hand. There was tingling bilaterally in low back/buttock and her legs gave out. The skin temperature was cold to touch in affected limbs, bright red in affected limbs. There was emotional stress secondary to pain. The diagnostic impression is chronic pain, depressive disorder, anxiety. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/18/2014 denied the request for Morphine sulfate 15mg #180, stating that there is no evidence of objective functional improvement that would warrant the need for continuation of this medication. This patient's physical examination does not reveal any significant changes that would indicate functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 6/30/2014 progress report, there was no significant objective functional improvement noted to support the patient's subjective findings. This patient is documented to be on morphine sulfate 15mg #180 as well as Percocet 7.5/325 since at least 12/3/2013, and in a urine drug screen dated 5/30/2014, the results showed a positive result for THC, demonstrating aberrant behavior. In addition, the MED is 157.5 which places the patient at risk for adverse drug events such as respiratory depression and death. Therefore, the request for morphine sulfate 15mg #180 is not medically necessary.