

Case Number:	CM14-0171238		
Date Assigned:	10/23/2014	Date of Injury:	06/11/2011
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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 40-year-old woman who reportedly sustained an injury to the right ankle on June 11, 2011. The mechanism of injury was not documented in the medical record. The injured worker was evaluated on October 2, 2014 for low back pain, left lower extremity pain, right lower extremity pain and right foot pain. The injured worker rated pain as 5/10. She reports that pain was characterized as aching, sharp, stabbing and throbbing. The physical examination findings are documented as severe pain, no signs of intoxication or withdrawal, wearing a right leg and foot brace, gait assisted by crutches. Inspection of the right ankle showed erythema and swelling. Inspection of the right foot revealed swelling, tenderness to palpation over all metatarsals, heel, midfoot, and tarsal tunnel; she has painful range of motion (ROM) with all movements. The injured worker has been diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis, reflex sympathetic dystrophy of the lower limb, other pain disorder related to psychological factors, anxiety, and dissociative and somatoform disorders, depressive disorder, closed fracture of metatarsal bones, other chronic pain, pain in joint of ankle and foot, and sprains and strains of the ankle and foot. The injured worker states that pain radiates to the hip, right leg, and right foot. She states that the medications are not effective and had a side effect of constipation, but she also states that she tolerates the medication well. The injured worker showed no evidence of developing medication dependency. The injured worker does not feel like the current medication she is taking adequately addresses her pain needs and would like to try a different medication. Current medications include: Ambien 10mg, Lidoderm 5% patch, Morphine sulfate ER 30mg, Prozac 40mg, and Seroquel 200mg. Progress note dated September 4, 2014 indicates that the injured worker is also using Fentanyl patch 100mcg. On May 22, 2014 drugs/opiate urine drug study showed that results were inconsistent with reported meds.

Benzodiazepine were present in the urine drug study, however, the injured worker was not taking Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg qty 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Continued Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Ongoing Opiate Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 30 mg #18 is not medically necessary. The guidelines set forth the requirements for ongoing opiate use (Morphine sulfate ER 30 mg). The medical record should contain an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, level of function for improved quality of life. The four A's for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. In this case, the injured worker is being treated for low back pain, left lower extremity pain, right lower extremity pain and right foot pain. The injured worker states the medications are not effective and she has side effects of constipation but otherwise tolerates the medicines well. The injured worker claims the current medication she is taking is not adequately addressing her pain needs and would like to try a different medication. Her current medication is Morphine sulfate ER 30 mg. On a September 9, 2014 note, the injured worker was also using a Fentanyl patch q48 hours. A urine drug screen was performed May 22, 2014. The UDS results were inconsistent with the reported medications. There were no reported prescriptions prior to the UDS and benzodiazepines were present in the urine drug screen. There is no documentation in the medical record indicating the urine drug screen was performed to confirm compliance. The medical record clearly states the analgesic narcotic pain medications are not effective. Consequently, there is no functional improvement. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, the Morphine Sulfate ER 30 mg #18 is not medically necessary.