

Case Number:	CM14-0185781		
Date Assigned:	11/13/2014	Date of Injury:	10/23/2001
Decision Date:	12/23/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Interventional Spine 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 42-year-old female with an injury date of 10/23/01. Based on the 10/03/14 progress report, the patient complains of upper and middle back pain radiating to the back and bilateral arms. She describes the pain as an achy and burning discomfort with numbness, shooting/stabbing sensation. Her symptoms are aggravated by activities such as bending, doing daily activities, extending, flexing, jumping, lifting, pushing, pushing, rolling over in bed, running, sitting, standing, and twisting. The relieving factors are exercise, heat, ice, lying down, injection, massage, movement, over the counter medication, pain meds/drugs, physical therapy, stretching, resting, and sitting. She rates her pain 4 during this visit, but her average pain previous month was at a level of 3. The patient has had trigger point injection with reported 60% reduction in pain. She is able to do work and volunteer 8 hours a day with medications; but she says in bed all day without taking medications. She denies side effects. ROS show positive for headache, back pain, muscle weakness, and neck pain. Cervical spine shows a pain with facet loading maneuvers. The 10/07/14 progress report states that MRI that was done in 2013 showed no significant changes compared to 2004 with C5-6, C6-7 disc bulges indenting the thecal sac with some neural foraminal narrowing. The 04/11/14 report lists morphine under current medications. The patient's diagnoses includes the following: 1) Muscle spasms 2) Facet arthropathy, chronic 3) COAT, chronic 4) Chronic pain syndrome 5) Spondylosis, cervical w/o myelopathy, chronic 6) Myalgia and myositis, unspecified, chronic. The utilization review determination being challenged is dated 10/22/14. Treatment reports are provided from 01/13/14 - 11/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine skullcap 30mg ER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: Based on the 10/03/14 progress report, the patient complains of upper and middle back pain radiating to the back and bilateral arms. The request is for MORPHINE SUL CAP 30 MG ER. Review of the reports show that the patient is able to do work and volunteer 8 hours a day with medications; but she stays in bed all day without taking medications. This report lists the morphine as current medication. Utilization review letter from 10/22/14 denied the request stating "Chronic daily use of opioids is not supported; this leads to dependence and long-term efficacy is not shown" and "there is minimal evidence provided of any significant functional improvement." Guidelines regarding chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, there is documentation of analgesia but no before and after pain scales show significant reduction of pain. The patient is working/volunteering showing significant ADL changes. However, there are no drug screening, CURES report or other opiate management issues addressed. Outcome measures are not documented to keep track of the patient's response to use of chronic opiates as required by MTUS. Therefore, Morphine Skullcap 30mg ER is not medically necessary and appropriate.