

Case Number:	CM14-0033352		
Date Assigned:	06/20/2014	Date of Injury:	10/10/1986
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 an 81-year-old female who reported an injury on 10/03/1986. The mechanism of injury was not provided. On 01/29/2014, the injured worker presented with complaints of bilateral hand, bilateral knee, and lower backache. The medications include Voltaren gel, diltiazem, Cymbalta, methadone, morphine sulfate, Norco, benazepril, etodolac, levothyroxine, metformin, and simvastatin. Upon examination of the bilateral wrists, there was joint swelling. Inspection of the bilateral hands revealed atrophy, and restricted range of motion with flexion and extension, secondary to pain. The diagnoses were carpal tunnel syndrome, disc disorder lumbar, post lumbar laminectomy syndrome, low back pain, and chronic pain syndrome. The provider recommended morphine sulfate IR for breakthrough pain, Norco for breakthrough pain, and methadone for long-acting pain relief. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR (immediate release), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODGFDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate) Page(s): 23.

Decision rationale: The California MTUS stats morphine sulfate is indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The included medical documentation lacked evidence of a complete and adequate pain assessment for the injured worker. The injured worker has been prescribed morphine sulfate IR since at least 01/2014; the efficacy of the medication was not provided. Additionally, the provider does not indicate the dose or frequency of the morphine sulfate within the request as submitted. As such, the request for Morphine Sulfate IR (immediate release), #60 is not medically necessary.

Norco 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODGFDA.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 01/2014; the efficacy of the medication was not provided. Additionally, the provider's request for Norco does not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 10/325 mg, #150 is not medically necessary.

Methadone 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODGFDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The California MTUS recommends methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. The documentation lacked evidence of a complete and adequate assessment of the injured worker's pain level. Additionally, there is no evidence that the benefits of this medication for this injured worker outweigh the risks. The provider's request for methadone 10 mg #60 does not indicate the frequency of the medication in the request as submitted. As such, the request for Methadone 10 mg, #60 is not medically necessary.