

Case Number:	CM14-0058498		
Date Assigned:	07/14/2014	Date of Injury:	03/25/2003
Decision Date:	09/15/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 57 year old female who sustained work related injuries on 03/25/03. The mechanism of injury is not discussed. The clinical records note that she has bilateral arm, elbow, forearm, wrist, hand, and wrist extensor pain with numbness in the bilateral hands. Records indicate that the injured worker is status post bilateral ulnar nerve transposition surgery, right wrist arthroscopic surgery, and a right carpal tunnel release. Per a letter of appeal dated 04/24/14, the injured worker's 04/08/14 UDS (urine drug screen) was consistent with her medications. It is noted that the most effective medication combination for this injured worker includes Nucynta 100mg four times a day and Morphine Sulfate IR 30mg 1 tab by mouth every morning for severe pain. It is reported that this manages the injured worker's pain at 4/10 level versus 7-10/10 without Nucynta and 10/10 with no medications. Her most recent physical examination notes the upper extremities and wrists range of motion was restricted by pain in all planes. Bilateral upper extremities and wrists provocation maneuvers were positive. Tinel's, Phalen's, and Durkan's tests were positive. There is tenderness to palpation of the bilateral elbows and wrists, the right lateral epicondyle, and right brachial radialis. Provocative testing of the elbows was positive bilaterally. Reflexes are symmetric in the upper extremities. Motor strength is graded as 5/5. The records indicate that on multiple occasions, the requestor has appealed modifications to the injured worker's medication profile. This letter of appeal clearly indicates that the injured worker receives substantial benefit from this medication. The record contains a utilization review determination dated 04/19/14 in which a prescription of Morphine Sulfate IR #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine Sulfate IR #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Morphine Sulfate IR #90 is recommended as medically necessary. Per the submitted clinical records and letter of appeal, the injured worker has chronic pain syndrome that is effectively managed on Nucynta ER 100mg four times a day and Morphine Sulfate IR 30mg, 1 tab by mouth every morning for severe pain. It was noted that this results in a nearly 50% reduction of the injured worker's pain. The records reflect that there is no indication of non-compliance or misuse. Serial urine drug screens are appropriate. It is clear from the record that the injured worker receives substantial functional benefits. As such, the medical necessity for continued use has been established.