

Case Number:	CM14-0060325		
Date Assigned:	07/09/2014	Date of Injury:	01/10/2001
Decision Date:	09/30/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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:

This is a 52-year-old male with a 4/4/14 date of injury. The mechanism of injury was not noted. According to a progress report dated 2/18/14, the patient described his right leg and right knee pain as pounding, throbbing, and stinging. He reported that his pain score at best was 3/10, at worst was 9/10, and was currently 8/10. The pain interferes with daily activities, sleep, and work. He also stated that he did not feel that MS Contin was controlling his pain. With his current medication, he denied any improvement in his activities of daily living. Objective findings: antalgic gait, patient was rubbing right knee during visit. Diagnostic impression: reflex sympathetic dystrophy of lower limb, pain in limb, prolonged PTSD. Treatment to date: medication management, activity modification. A UR decision dated 4/18/14 denied the request for Morphine. The patient reported pain levels of 9/10 with the use of medications and no improvement in function. There is no documentation of UDS performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30 MG ER QTY 90 DAYS SUPPLY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: The California 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 reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated that there was no improvement in activities of daily living with the use of his current medications. In addition, the patient stated that he did not feel the MS Contin was controlling his pain. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Morphine Sulfate 30 Mg ER Qty 90 Days Supply 30 was not medically necessary.