

Case Number:	CM14-0073134		
Date Assigned:	07/16/2014	Date of Injury:	08/13/2005
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 and is licensed to practice in Maryland. 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 48 year old male who was injured on 08/13/2005. The mechanism of injury is unknown. The patient has been treated conservatively with physical therapy, transcutaneous electrical nerve stimulation (TENS), massage and acupuncture therapy. Past medications included Lisinopril, Toprol, simvastatin, and Glyburide, morphine ER 15 mg, Norco 10/325 mg, and diclofenac potassium 50 mg. Progress note dated 06/19/2014 states the patient presented with complaints of right foot pain, left foot pain and chest wall pain. He has associated weakness as well. The patient has a diagnosis of crushing to the foot; reflex sympathetic dystrophy of the lower limb; and morbid obesity. The patient was recommended Morphine Er 15 mg which he has been taking since 05/13/2013. Prior utilization review dated 05/14/2014 states the request for S5001, Morphine ER 15mg is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

S5001, Morphine ER 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The above MTUS guidelines state that for on-going management of opioids, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, there is documentation of pain severity at current, least, and most painful times. However, there is no documentation of pain relief, functional status, appropriate medication use, and side effects of morphine use. The above listed pain assessment is not documented including the 4 A's for ongoing opioid monitoring although the patient has been on opioids since May 2013. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.