

Case Number:	CM14-0076138		
Date Assigned:	09/05/2014	Date of Injury:	03/29/2002
Decision Date:	10/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 61-year-old female who reported an injury on 03/29/2002. The injury reportedly occurred when she was assisting a student in a wheelchair who had rolled into a lake. She is diagnosed with lumbago, lumbar disc displacement with myelopathy, neck pain, lumbar spinal stenosis, and internal derangement of the left knee. Her past treatments were noted to have included physical therapy, aquatic therapy, home exercise program, knee surgery, epidural steroid injection, corticosteroid injections, and medications. Her medications were noted to include Protonix, hydrocodone/APAP, Soma, and morphine sulfate CR. On 03/28/2014, the injured worker presented with complaints of persistent severe neck pain and low back pain. It was noted that she reported that her medications improved her pain and her function. The submitted documentation also indicated that she had been on pain medication for many years which had improved her function and ability to perform her activities of daily living. It was also noted that she denied side effects from her medications and had not had aberrant drug behavior. It was also noted that she had been compliant with her medications, her periodic urine drug screens and DEA reports had shown consistent results, and she only took a small amount of morphine and Norco as needed for breakthrough pain. A request was received for morphine sulfate CR 15 mg #30 and hydrocodone/APAP (dosage unspecified) #30. The rationale for these medications were that they had been effective in controlling her pain and improving her function for many years. The Request for Authorization form was submitted on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 111-113, Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker reported pain relief and functional improvement with use of her opioid medications. It was also noted that she denied side effects and not shown aberrant behaviors and had consistent results on her periodic urine drug screens and DEA reports. However, no urine drug screen results were provided in recent documentation. In addition, despite documentation indicating she had pain relief, there were no numeric pain scales noted with and without medications in order to verify efficacy. Moreover, the request was submitted without an indication as to the frequency. Consequently, the request is not medically necessary.

Hydrocodone/APAP (Dosage unspecified) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker reported pain relief and functional improvement with use of her opioid medications. It was also noted that she denied side effects and not shown aberrant behaviors and had consistent results on her periodic urine drug screens and DEA reports. However, no urine drug screen results were provided in recent documentation. In addition, despite documentation indicating she had pain relief, there were no numeric pain scales noted with and without medications in order to verify efficacy. Moreover, the request was submitted without an indication as to the frequency and dosage. Consequently, the request is not medically necessary.