

Case Number:	CM14-0079147		
Date Assigned:	07/18/2014	Date of Injury:	10/26/2000
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was injured on 10/26/2000. She was diagnosed with; cervical disc degeneration, lumbar facet pain, chronic headaches, piriformis syndrome, sacroiliitis, and cervical facet pain. She was treated with multiple opioids oral and topical, benzodiazepines; sleep aids, lumbar nerve blocks, cervical radiofrequency, corticosteroid injections, physical therapy, muscle relaxants, and antidepressants. In 2011, she was recommended to see a pain specialist for slow weaning from medications after violating her opiate agreement. In the past, she has declined injections for pain relief. Previous reviews for requests for injections have determined that they were not going to fix or even significantly help her. The worker had been using MS Contin as one of her main pain medications for many months prior to this request. On 4/28/14 a request to refill this medication to continue to use was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 60mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment. Requirements for continued opioid use are; review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening when appropriate, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Opioids should be discontinued if there is no overall improvement in function, intolerable adverse effects, decrease in functioning, resolution of pain, serious non-adherence is occurring, the patient requests discontinuing, evidence of illegal activity, motor vehicle accident with opioid use, illicit drug or alcohol use, suicide attempt, aggressive behavior in the clinic, and/or inconsistencies in the history and physical examination that might suggest inappropriate use. In the case of this worker, previous reviews have already assessed her situation as not benefitting from the chronic use of opioids in the dose and frequency currently used. Documentation on specific functional improvements and pain-reduction related to MS Contin use are required, which was not completed on the office note from 3/19/14. With no clear reasoning that might counter previous reviews, and without ongoing clear detailed evidence of benefit, the morphine sulfate is not medically necessary.