MAXIMUS Federal Services

Case Number:	CM14-0090800		
Date Assigned:	07/23/2014	Date of Injury:	09/09/2002
Decision Date:	09/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 37 year old female with an injury date of 09/09/2002. Based on the 05/20/2014 progress report provided by Dr. [redacted], the diagnoses are: 1. Pain in joints. 2. Post laminectomy. According to this report, the patient complains of increasing neck, back, hand and shoulder pain. The patient rated the pain as a 6/10 and is characterized as sharp, dull, throbbing, burring, aching, electricity and pins and needles. The pain is constant and intermittent. The pain is aggravated with activities and lessens with heat and lying down. The patient's current medications are Morphine, Skelaxin, and Ultracin. Without medication the patient "remains in bed; with medication plays with family, completes ADLs, laundry, and shopping." Physical exam reveals tender to palpation (TTP) cervical/lumbar spine and decreased cervical/lumbar range of motion. Tenderness is noted at the C5/C6/C7 paravertebral muscles. Positive straight leg raise is noted bilaterally. The 11/15/2013 report indicates the patient's pain is at a 10/10 without medications and is an 8/10 with medications. The pain is constant and intermittent. There were no other significant findings noted on this report. The utilization review denied the request on 05/28/2014. Dr. [redacted] is the requesting provider, and he provided treatment reports from 01/10/2013 to 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 20mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine section Page(s): 78-80, 96, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: According to the 05/20/2014 report by Dr. [redacted] this patient presents with increasing neck, back, hand and shoulder pain. The pain is rated as a 6/10.The treating physician is requesting Morphine 20mg/ml. Morphine was first mentioned in the 01/10/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines state pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the reports show numerical scale to assessing the patient's pain levels with and without medication. There is discussion regarding functional improvement specific to the opiate use and the change in ADLs. However, none of the reports discuss change in work status, or return to work attributed to use of Morphine. MTUS require not only analgesia but also documentation of outcome measures. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Request is not medically necessary.