

Case Number:	CM14-0186524		
Date Assigned:	11/14/2014	Date of Injury:	02/07/2002
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

This is a male patient with a date of injury of February 7, 2002. A utilization review determination dated October 29, 2014 recommends non-certification of MSIR 30mg #45 with modification to MSIR 30mg #30, and 2 blood draws. A progress note dated September 18, 2014 identifies subjective complaints of continued hand pain that is worse on the dorsal aspect of the left hand. The patient states that with his pain medications he can tolerate driving one hour, without pain medications he believes he can only drive about 20 minutes. The patient's activity of daily living with regard to traveling is improved with the pain medications. The patient's MSIR was reduced to #45 tablets, this upset the patient because he feels he can not get by with only #45 per month. The physical examination identifies slight swelling over the dorsum of the left wrist with moderate tenderness to palpation, positive Tinel's sign with tapping over the carpal tunnel of the right and left hands, and grip is 4/5 bilaterally. The diagnoses include reflex sympathetic dystrophy in the upper limbs and pain in limb. The treatment plan recommends reduce MSIR #60 to #45 tablets per month, and continue with MS Contin. A urine drug screen report dated April 25, 2014 was consistent for morphine and inconsistent for tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MSIR 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MSIR (morphine sulfate immediate release) 30mg #45, California Pain Medical Treatment Guidelines state that MSIR is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), the functional improvement is limited to only a 40 minute driving tolerance improvement, and there is no documentation regarding side effects. A urine drug screen obtained on April 25, 2014 had an inconsistent finding of tramadol that appears to not have been addressed. As such, there is no clear indication for ongoing use of the medication. . In light of the above issues, the currently requested MSIR (morphine sulfate immediate release) 30mg #45 is not medically necessary.

2 blood draws: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 76-79 and 99 of 127.

Decision rationale: Regarding the request for 2 blood draws, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the requesting physician has not stated what the intention of the requested blood draws might be, but it appears that they are for random drug screening. There is no documentation indicating why the patient cannot have a urine toxicology screening and needs a blood draw instead. Additionally, there is no documentation indicating that the requesting physician has performed risk stratification to support drug testing at the proposed frequency. As such, the currently requested 2 blood draws are not medically necessary.