MAXIMUS Federal Services

Case Number:	CM14-0192462		
Date Assigned:	11/26/2014	Date of Injury:	11/14/2004
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 68-year-old man who sustained a work related injury on November 14, 2004. Subsequently, he developed chronic low back and right ankle pain. According to a progress report dated October 31, 2014, the patient complained of acute spinal and extremity pain. The patient rated his pain at 8-9/10. Objective findings included: altered sensation of the upper and lower extremity. Symmetric deep tendon reflexes, Romberg's, finger to nose, and toe/heel walk were all normal. Range of motion was restricted by pain. Palpation of the patient's spine and extremities revealed the following areas of ++ pain: thoracic kyphotic; C/T/L moderate pain. The patient's gait was slow and unsteady. The patient was diagnosed with acute chronic right ankle pain, tendon tear in the right ankle, acute chronic low back pain, and depression. Based on the current progress report, the Percocet taper was completed. The provider requested authorization to use Morphine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg #118: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. Therefore, the request for prescription of Morphine ER 30mg is not medically necessary.