

Case Number:	CM15-0108262		
Date Assigned:	06/12/2015	Date of Injury:	02/15/2000
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old female who sustained an industrial injury on 02/15/2000. Mechanism of injury was not documented. Diagnoses include chronic pain due to trauma and reflex sympathetic dystrophy of the right arm. Treatment to date has included medications. Her medications include Morphine ER 100mg twice a day and Percocet 5/325mg 1 three times a day as needed. The injured worker is not working. A urine drug screen was done on 11/21/2014 and was consistent with her medications. A physician progress note dated 05/01/2015 documents the injured worker has pain in her right arm, and right shoulder. With the use of her medications she has obtained a meaningful improvement in her level of pain and has improvement in function. She rates her pain without medication would be 10 out of 10 and with her medications 5 out of 10. In the last month, on average her pain was rated at 7 out of 10. The use of Morphine improves her functioning from staying in bed all day to being able to get out sometimes visiting her family. On examination, her right arm demonstrates severe allodynia and hyperalgesia to stimuli. She has mild edema in the forearm and hand. Treatment requested is for Morphine Sulfate Tab 100mg ER QTY: 60, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Tab 100mg ER QTY: 60, 30 day supply: 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 Opioids Page(s): 78-88.

Decision rationale: Chronic pain due to trauma and reflex sympathetic dystrophy of the right arm. Treatment to date has included medications. Her medications include Morphine ER 100mg twice a day and Percocet 5/325mg 1 three times a day as needed. The injured worker sustained a work related injury on 02/15/2000. The medical records provided indicate the diagnosis of treatments have included. The medical records provided for review do not indicate a medical necessity for: Morphine Sulfate Tab 100mg ER QTY: 60, 30 day supply. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since 2013; although there is significant improvement with pain, there is no overall improvement in uncton. Besides, the pain and functional improvement are not being compared with baseline levels as is recommended by the MTUS, if used for more than six months. Also, rather than urine drug screen recommended by the MTUS, the injured worker is being monitored with serum drug. Furthermore, opioids are not recommended as first line drugs, are not recommended for long-term treatment of non-malignant conditions. The request is not medically necessary.