

Case Number:	CM15-0148287		
Date Assigned:	08/11/2015	Date of Injury:	02/08/2013
Decision Date:	09/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 2-8-13. She has complaints of left hip and left thigh pain. Diagnostic studies include: x-ray, MRI, EMG and nerve conduction studies. Treatments include: medication, physical therapy, massage therapy, injections and lumbar sympathetic blocks. Progress report dated 4-9-15 reports continued complaints of left hip, lower back and left lower extremity pain secondary to complex regional pain syndrome. The injured worker notes a slight improvement in her pain. The pain is rated 8 out of 10 and increases with extended periods of sitting. She notes a "dead leg" sensation in her left leg that occurs randomly since the epidural steroid injection. The pain is made significantly better with morphine and massage therapy. She reports that the increased dose of morphine gives her better pain control coverage. Diagnoses include: pain in joint pelvis and thigh, lower leg pain in joint, dystrophy reflex, and psychogenic pain. Plan of care includes: request 6 additional massage therapy sessions, continue cymbalta, add an extra 15 mg of morphine at night for better nighttime pain coverage, she will take 30 mg in the morning, 30 mg at noon and 45 mg at night, monitor medication at next visit, may consider trial of lyrica, may consider methadone therapy. Medications refilled. Work status: work with restriction to lifting 5 pounds, no squatting and kneeling, restricted to work with the left foot and completely restricted to work with the right foot, alternate between standing and walking as needed, no crawling, no climbing of stairs and ladders and no commercial driving. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 4/9/2015) for Morphine 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The records indicate the patient has complaints of low back pain, left hip pain and pain into the left lower extremity. The request is for Retrospective request for Morphine sulfate ER 30mg (DOS 4/9/15). The attending physician states the medication is medically necessary as it reduces the patient's pain and improves activities of daily living. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is documentation that the patient's pain level is decreased from 9/10 to 8/10 with medication. There is also documentation that the medications allow the patient to garden up to 15 minutes, tolerate ambulation and massage therapy as well as increase her sitting tolerance. There is also documentation that the patient shows no signs of aberrant behaviors. There is records of an up-to-date UDS which is consistent with the prescribed medication which was performed on 6/4/15. The medical necessity of the current request is established by the medical records supplied in the 6/8/15 attending physician supplemental report. The medication is medically necessary.

Retrospective request (DOS 4/9/2015) for Morphine Sulfate 45mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The records indicate the patient has complaints of low back pain, left hip pain and pain into the left lower extremity. The request is for Retrospective request for Morphine sulfate ER 45mg #30 (DOS 4/9/15). The attending physician states the medication is medically necessary as it reduces the patient's pain and improves activities of daily living. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is documentation that the patient's pain level is decreased from 9/10 to 8/10 with medication. There is also documentation that the medications allow the patient to garden up to 15 minutes, tolerate

ambulation and massage therapy as well as increase her sitting tolerance. There is also documentation that the patient shows no signs of aberrant behaviors. There is records of an up-to-date UDS which is consistent with the prescribed medication which was performed on 6/4/15. The medical necessity of the current request is established by the medical records supplied in the 6/8/15 attending physician supplemental report. The medication is medically necessary.