

Case Number:	CM15-0168298		
Date Assigned:	09/09/2015	Date of Injury:	08/19/1999
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old female who sustained an industrial injury on 8-19-99. A review of the medical records indicates that the injured worker is undergoing treatment for manic disorder - single episode, severe degree, with psychotic behavior, pain disorders related to psychological factors, pain in joint - involving the hand, pain in limb, reflex sympathetic dystrophy of the lower limb, reflex sympathetic dystrophy of the upper limb, traumatic above the knee amputation - unilateral, and ankle pressure ulcer. Medical records (1-13-15 to 7-14-15) indicate that she has complained of ongoing pain in her upper and lower extremities, rating the pain "8-9 out of 10". She has had difficulty with transfers and standing due to the left above the knee amputation. She requires the use of a sliding board for transfers and a walker for standing. She also has a manual wheelchair for use around her home, as well as a pressure relief cushion, bedside commode, and bath seat. A functional restoration program was recommended, but denied due to continued use of opioids. The treating physician stated that weaning of the medication was part of the treatment plan, but "requires careful medical and psychological management, which would best be accomplished after she has her prosthesis and appropriate physical therapy". The provider indicated that she would "then be treated with inpatient detoxification followed by a functional restoration program" (2-17-15). Treatment has included the use of oral narcotic medications: Hydrocodone, Morphine Sulfate, and OxyContin, as well as Diazepam and Lyrica. She was placed on the Morphine and OxyContin on 1-13-15. The 4-16-15 record indicates that weaning of oral opioids had begun. The last urine drug screen was 11-27-07. However, the 6-15-15 progress report indicates that she was "taking medications as

prescribed" and "not requesting early refill". She also uses a spinal cord stimulator. The 7-20-15 progress note states that she "started physical therapy several weeks ago". However, there is no record of the number of sessions she has received. The report states "progress is slow". The request for authorization for Morphine ER 60mg by mouth twice per day, #60, was completed on 8-5-15. The original utilization review (8-18-15) partially approved the medication for 54 tablets, with a noted rationale that the medical records do not "clearly reflect continued analgesia, continued functional benefit, or lack of adverse effects".

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any 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". Review of the available medical records reveals no documentation to support the medical necessity of Morphine ER or any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker has agreed to random urine drug screen testing, however, no recent UDS reports were available. She had signed an opiate agreement. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.