MAXIMUS Federal Services

Case Number:	CM15-0182479		
Date Assigned:	09/23/2015	Date of Injury:	12/29/2013
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 65 year old male with a date of injury on 12-29-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine degenerative disc disease and disc protrusion and status post right total knee replacement. Medical records (2-19-2015 to 6-15-2015) indicate ongoing low back pain with radiculopathy into the right greater than left leg. According to the progress report dated 6-15-2015, the injured worker complained of increased right shoulder pain rated eight out of ten and low back pain rated nine out of ten with constant right foot pain rated seven out of ten as well as numbness in the toes of the right foot. He also complained of pain in the neck and right upper arm rated eight out of ten. He complained of headaches and pain in the jaw, right leg, knee and ankle rated seven out of ten. He was noted to still be seeing pain management and taking increased amounts of medications. Per the treating physician (6-15-2015), the injured worker was temporarily totally disabled. The physical exam (6-15-2015) revealed tenderness to palpation of the lumbar spine. Straight leg raise was positive on the right. Treatment has included lumbar epidural steroid injection and medications. The injured worker has been prescribed Dilaudid since at least 2-19-2015; he has been prescribed Morphine since at least 3-16-2015. The original Utilization Review (UR) (8-21-2015) denied requests for Morphine Sulfate Extended Release (MSER), Morphine 1mg-5ml 60ml and Dilaudid. Weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate extended release (MSER) 15mg #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 for chronic pain, Opioids, criteria for use.

Decision rationale: MTUS states that ongoing opioid therapy is supported if prescriptions are written by a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. Ongoing opioids are supported if the patient has returned to work, and has documented pain relief and functional improvement. This patient has not returned to work and there is not documentation of increased pain relief, functional improvement, side effects or aberrant behavior as required by criteria. The patient has been taking morphine since at least 2/19/2015. Based on the above findings, the request is not medically necessary or appropriate.

Morphine 1mg/5ml, quantity: 60ml: 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, Opioids for chronic pain.

Decision rationale: CA MTUS supports ongoing opioid therapy if prescriptions are issued from a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional improvement, appropriate use and side effects. Ongoing opioids are supported if the patient has returned to work and there is documentation of improved pain relief and functional status. In this case, the criteria for chronic use are not satisfied. The patient has not returned to work and there is no significant pain relief or improved functional status. Further, there is no rationale presented for a liquid formulation of Morphine in addition to concurrent extended release morphine and Dilaudid. Therefore, based on the above findings and lack of documentation, the request is not medically necessary or appropriate.

Dilaudid 3mg supp #30: 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, Opioids for chronic pain.

Decision rationale: CA MTUS supports the use of ongoing opioids if the prescriptions are issued by a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there is a lack of documentation of the above criteria for opioid use. The criteria for opioid use are not satisfied. In addition, no rationale is provided for the suppository formulation of Dilaudid when the patient is apparently able to take oral medications without difficulty. No clear rationale is provided for the necessity of three different opioids in this patient. Therefore, the request is not medically necessary or appropriate.