

Case Number:	CM15-0188145		
Date Assigned:	09/30/2015	Date of Injury:	01/09/2013
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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
 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 male individual who sustained an industrial injury to the left side of the chest when he was struck in the chest by a door handle. The medical records indicate that the injured worker is being treated for pain, chest; carpal tunnel syndrome. He is working with permanent work restrictions. He currently (5-19-15) complains that left sided chest pain is stable. His pain level is 6-7 out of 10 without medication and 3 out of 10 with medication. He indicates that with medications he is able to work and exercise with less pain. His pain level was unchanged from 3-24-15 through 5-19-15 and physical exam was unchanged. As to how long the injured worker has been on Morphine or if it is a new prescription was not present. Treatments to date include medications: (current) Relafen, gabapentin, tramadol, Aspirin, Motrin, Tylenol. The request for authorization was not present. On 8-21-15 Utilization Review non-certified the request for Morphine ER 30mg #55.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER (extended release) 30 mg Qty 55: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with carpal tunnel syndrome, chronic pain syndrome, long term medication use, and chest pain, as per progress report dated 09/08/15. The request is for MORPHINE ER (EXTENDED RELEASE) 30 mg QTY 55. There is no RFA for this case, and the patient's date of injury is 01/09/13. Medications, as per progress report dated 09/08/15, included Nabumetone, Gabapentin, Tramadol, Aspirin, Benazepril, Fenofibrate, Glipizide, Levothyroxine, Levostatin, Metformin, Metoprolol, Motrin and Tylenol. The patient is working with permanent restrictions, as per progress report dated 05/09/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Morphine sulfate is only noted in progress report dated 09/08/15. The patient did use Percocet, Oxycontin and Tramadol in the past. As per the 09/08/15 report, medications can help reduce pain from 6-7/10 to 4-5/10. In the same report, the treater states the patient "does not feel that the Tramadol is helping as much with pain." The patient has, therefore, been switched to Morphine sulfate. An UDS, dated 05/21/15, was consistent. As per progress report dated 05/09/15, medications help the patient "exercise better with less pain and work better with less pain." There are no side effects and aberrant behavior. In an appeal letter, dated 10/13/15 (after the UR denial date), the treater states that CURES report dated 06/16/15 was consistent. MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. The treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." However, given the impact of opioids on pain and the patient's ability to work, the request for a Morphine trial appears reasonable and IS medically necessary.