

Case Number:	CM15-0190362		
Date Assigned:	10/02/2015	Date of Injury:	03/09/2013
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 57 year old male who sustained an industrial injury on 3-9-2013. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain and shoulder pain. Medical records (2-24-2015 to 9-2-2015) indicate ongoing left knee and shoulder pain. He rated his pain 7 out of 10 with medications and 9 to 10 out of 10 without medications. He was noted to be stable on current medication, allowing him to do light activity at home. Per the treating physician (9-2-2015), the injured worker was on temporary disability. The physical exam (9-2-2015) revealed a slightly antalgic gait. There was overall weakness to the left upper and lower extremity. Treatment has included medications. The injured worker has been prescribed Morphine since at least 2-24-2015. Current medications (7-20-2015) included Morphine, Temazepam, Oxycodone, Topamax and Lyrica. The treating physician indicates that the urine drug testing (6-17-2015) showed no aberration. The original Utilization Review (UR) (9-23-2015) denied a request for Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 100mg #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, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status remaining on temporary disability with persistent severe pain for this chronic 2013 injury without acute flare, new injury, or progressive neurological deterioration. The Morphine ER 100mg #60 is not medically necessary and appropriate.