

Case Number:	CM15-0194797		
Date Assigned:	10/08/2015	Date of Injury:	04/12/2007
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 4-12-2007. The injured worker is undergoing treatment for fractured pelvis and sacrum. On 9-8-15, and 10-1-15, he reported he was working full time. He reported back and sacral pain rated 8 out of 10 without medications and 3 out of 10 with medications. Objective findings revealed no side effects or aberrant behaviors noted, pain contract is in place. He is reported to have tried decreasing medications to lower doses and indicated his pain to have increased and he would be unable to work. There is no discussion of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included medications, radiographs. Medications have included morphine sulfate IR, Duragesic, The records indicate he has been utilizing Morphine and Duragesic since at least January 2015, possibly longer. Current work status: working full time. The request for authorization is for: morphine sulfate IR 30mg quantity 240. The UR dated 9-17-2015: modified morphine sulfate IR 30mg quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, steps to avoid misuse/addiction.

Decision rationale: MTUS Guidelines support opioid medications if there is meaningful pain relief, functional benefits (best measured by return to work) and the absence of drug related aberrant behaviors. With the scant medical records sent for review this individual appears to meet these criteria. Over a 50 %, improvement in pain is reported. He continues to work full time and there is no documentation that reveals aberrant behaviors. With this high of dosing there is a concern for possible diversion, but no drug testing was in the medical records and the records do not include adequate time spans to make this determination. The opioid dosing is higher than generally recommended, but the current Guideline allows for this if a pain specialist closely follows it and functioning is supported. Under these circumstances and with the medical information available to review, the MSIR 30mg #240 is supported by Guidelines and is medically necessary.