

Case Number:	CM15-0195996		
Date Assigned:	10/09/2015	Date of Injury:	11/08/1997
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female, who sustained an industrial injury on 11-08-1997. She has reported subsequent bilateral lower extremity pain and was diagnosed with reflex sympathetic dystrophy of the lower extremities. Treatment to date has included oral and topical pain medication and spinal cord stimulator placement. The injured worker was given a trial of MS ER on 04-02-2015 due to denial of long term use of Oxycodone and Methadone. In progress notes dated 06-22-2015 and 07-28-2015, the injured worker reported 7-8 out of 10 knee pain. MS ER was noted to provide 60-65% relief of pain that lasted 2-3 hours. Objective findings revealed right knee swelling, tenderness to palpation and decreased range of motion of the knee which was at baseline. In a progress note dated 09-09-2015, the injured worker reported increasing pain over the last month that was rated as 7-8 out of 10 and was noted to spend more time in bed due to needing to keep her leg elevated. The injured worker had been using additional Hydromorphone which was helping minimally. The injured worker noted that 60-65% relief was obtained with MS ER 30mg. Objective examination findings revealed right knee swelling, tenderness to palpation and decreased range of motion of the knee which was at baseline. The physician noted that MS ER would be refilled and increased and indicated that opiate rotation was indicated to decrease opiate dose, due to denial of longer term use of Oxycodone and Methadone. A request for authorization of MS extended release 30 mg every 8 hours #90 was submitted. As per the 09-16-2015 utilization review, the request for MS extended release 30 mg every 8 hours #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS extended release 30mg every 8 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Oral morphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 86, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement (pain is getting worse 9/9/15), demonstration of urine toxicology compliance (positive for non-prescribed methadone 9/15/15) or increase in activity from the exam note of 9/9/15. In addition the daily morphine equivalent dose exceeds that recommended in the guidelines. Therefore the request is not medically necessary.