

Case Number:	CM15-0206526		
Date Assigned:	10/23/2015	Date of Injury:	10/11/1996
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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 64 year old female, who sustained an industrial injury on October 11, 1996. The injured worker was diagnosed as having lumbosacral neuritis unspecific and joint disorder unspecified of the leg. Treatment and diagnostic studies to date has included medication regimen, use of a cam boot, and laboratory studies. In a progress note dated September 17, 2015 the treating physician reports complaints of pain to the low back and the left leg with a fracture of the fourth and fifth metatarsal. Examination performed on September 17, 2015 was revealing for pain with range of motion to the lumbar spine, pain to the midline, paraspinal muscles, and lateral lumbar region, tenderness with palpation to the lumbar spine and to the facet joint on the left side, positive straight leg raises, and pain to the right ankle. The injured worker's medication regimen on September 17, 2015 included Norco (since at least January 21, 2015). The injured worker's pain level on September 17, 2015 was rated a 5 with the injured worker's medication regimen and was rated an 8 without the injured worker's medication regimen. The progress note also included that the injured worker is able to perform cooking, bathing, dressing, medication management, brushing her teeth, and toileting, but is limited with driving and is unable to launder, garden, or shop. The progress note from August 20, 2015 noted a medication regimen of Duragesic Patch (since at least March 23, 2015), Prevacid, and Norco with a pain level of 6 out of 10 with the use of the medication regimen and 8 out of 10 without the use of the medication regimen. On September 17, 2015, the treating physician requested the medication of Morphine ER 30mg with a quantity of 30 noting that the use of "4 Norco a day are not adequate". On September 29, 2015, the Utilization Review denied the request for Morphine ER 30mg with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg, #30: 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, cancer pain vs. nonmalignant pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Review indicates the patient has a history of escalating opiate use without correlating progressive deficits identified. It has also been noted the patient has had 2 inconsistent UDS and aberrant pain contract agreement, receiving medications by multiple providers. The patient was counseled, but there was no change in treatment approach. There is also noted report the patient was released from care from a prior pain management physician for unknown reason. 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. It cites 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 specific improvement in daily activities or decreased in medical utilization. There is no evidence presented of random drug testing results or adequate utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 1996 injury without acute flare, new injury, or progressive neurological deterioration. The Morphine ER 30mg, #30 is not medically necessary or appropriate.