

Case Number:	CM15-0027536		
Date Assigned:	02/19/2015	Date of Injury:	09/23/1999
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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:

Per the 01/09/15 report the patient present with gait and balance difficulties along with swelling in the right lower extremity s/p right hip replacement in April 2014. The current request is for MSIR 15mg #120 with 7 REFILLS an opioid. The RFA included is not dated. The 01/16/15 utilization review states the report containing the request is dated 01/12/15. This report is not included for review. The reports do not state if the patient is working. MTUS Guidelines 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 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. The reports provided for review show the patient has been prescribed this medication since at least 08/12/14. The treater states that the medication helps the patient and pain is routinely assessed through BPI severity/interference scores which were reported as 6/6 on 05/09/14 and 5/5 on 01/09/15. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. An informed consent form for using opioids dated 06/20/14 is included; however, no UDS are included for review or documented. Adverse behavior is not discussed. In this case, there is not sufficient documentation of ADLs and opiate management as required by the MTUS guidelines. Furthermore, the reports do not explain why 7 refills are required. The request IS NOT medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15 mg #120 with 7 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/09/15 report the patient present with gait and balance difficulties along with swelling in the right lower extremity s/p right hip replacement in April 2014. The current request is for MSIR 15mg #120 with 7 REFILLS an opioid. The RFA included is not dated. The 01/16/15 utilization review states the report containing the request is dated 01/12/15. This report is not included for review. The reports do not state if the patient is working. MTUS Guidelines 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 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. The reports provided for review show the patient has been prescribed this medication since at least 08/12/14. The treater states that the medication helps the patient and pain is routinely assessed through BPI severity/interference scores which were reported as 6/6 on 05/09/14 and 5/5 on 01/09/15. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. An informed consent form for using opioids dated 06/20/14 is included; however, no UDS are included for review or documented. Adverse behavior is not discussed. In this case, there is not sufficient documentation of ADLs and opiate management as required by the MTUS guidelines. Furthermore, the reports do not explain why 7 refills are required. The request IS NOT medically necessary.

MSER 60 mg #90 with 7 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/09/15 report the patient present with gait and balance difficulties along with swelling in the right lower extremity s/p right hip replacement in April 2014. The current request is for MSER 60mg #90 WITH 7 REFILLS an opioid. The RFA included is not dated. The 01/16/15 utilization review states the report containing the request is dated 01/12/15. This report is not included for review. The reports do not state if the patient is working. MTUS

Guidelines 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 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. The reports provided for review show the patient has been prescribed this medication since at least 06/20/14. The treater states that the medication helps the patient and pain is routinely assessed through BPI severity/interference scores which were reported as 6/6 on 05/09/14 and 5/5 on 01/09/15. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. An informed consent form for using opioids dated 06/20/14 is included; however, no UDSs are included for review or documented. Adverse behavior is not discussed. In this case, there is not sufficient documentation of ADLs and opiate management as required by the MTUS guidelines. Furthermore, the reports do not explain why 7 refills are required. The request IS NOT medically necessary.

MSER 30 mg #90 with 7 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/09/15 report the patient present with gait and balance difficulties along with swelling in the right lower extremity s/p right hip replacement in April 2014. The current request is for MSER 30mg #90 WITH 7 REFILLS an opioid. The RFA included is not dated. The 01/16/15 utilization review states the report containing the request is dated 01/12/15. This report is not included for review. The reports do not state if the patient is working. MTUS Guidelines 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 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. The reports provided for review show the patient has been prescribed this medication since at least 06/20/14. The treater states that the medication helps the patient and pain is routinely assessed through BPI severity/interference scores which were reported as 6/6 on 05/09/14 and 5/5 on 01/09/15. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. An informed consent form for using opioids dated 06/20/14 is included; however, no UDSs are included for review or documented. Adverse behavior is not discussed. In this case, there is not sufficient documentation of ADLs and opiate management as required by the MTUS guidelines. Furthermore, the reports do not explain why 7 refills are required. The request IS NOT medically necessary.