

Case Number:	CM15-0032479		
Date Assigned:	02/25/2015	Date of Injury:	01/19/2008
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 72 year old female who sustained a work related injury on January 19, 2008, after slipping and falling on a carpet and landing on the edge of a desk injuring her right shoulder and back. She was diagnosed with a right rotator cuff tear and underwent surgery, trochanteric bursitis, and spinal stenosis and underwent a lumbar fusion and degenerative spondylosis. Treatment included Lidocaine injections in the shoulder, pain medications, acupuncture, steroid injections and physical therapy. She also underwent hip surgery for osteoarthritis. Currently, the injured worker continues to complain of ongoing pain of the back and lower extremities. On March 2, 2015, a request for one prescription of Morphine ER 30mg, #90, was modified to one prescription of Morphine ER 30mg, #70; and a request for a Urine Drug Screen and a request for a Face to Face Mobility Evaluation, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75, 78, 92, 97.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals incomplete documentation to support the medical necessity of morphine ER . Specifically, the notes do not appropriately review and document any functional status improvement with usage of morphine. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates, UDS Page(s): 43.

Decision rationale: The attached medical record does not indicate that there is any issues of the injured employee having adverse consequences, impaired control over medication use, craving and preoccupation, or adverse behavior. I respectfully disagree with the UR physician's assertion that without these issues there is no justification for a urine drug screening. As such, This request for urine drug screen is medically necessary as opiate therapy may be warranted given the significant pathology refractory to multiple surgeries.

Face to Face Mobility Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

Decision rationale: It is unclear why there is request for a face-to-face mobility evaluation. The attach medical record does not indicate the rationale of justification for this consultation. Without additional support and clarification, this request for a face-to-face mobility evaluation is not medically necessary.