MAXIMUS Federal Services

Case Number:	CM15-0037161		
Date Assigned:	03/05/2015	Date of Injury:	11/01/2002
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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 55-year-old male, who sustained an industrial injury on 11/01/2002. He has reported that while he was trying to pry open an exterior panel the pry bar slipped causing the injured worker to jam his ankle into the cement ground causing him to sustain fractures to his tibia, femur, lateral ankle, and the medial ankle. Diagnoses include closed, chronic fracture of the lower end of femur with unspecified part, chronic ankle fusion, chronic muscle spasms, chronic pain due to trauma, heartburn, chronic opiate analgesic therapy (COAT), chronic insomnia due to medical condition classified elsewhere, and chronic pain in joint involving the lower leg. Treatment to date has included medication regimen, status post ankle fusion, and laboratory studies. In a progress note dated 01/21/2015 the treating provider reports moderate to severe, constant left ankle and left knee pain that radiates to the left leg with the pain described as aching, burning, piercing, sharp, deep, and discomforting with a pain rating of a nine on a scale of zero to ten without medication and a four on a scale of zero to ten with medication. The treating physician requested Morphine Sulfate Immediate Release (MSIR) noting the failures and side effects from prior medications used and noted that the injured worker has not had a trial of Morphine Sulfate Immediate Release. The treating physician requested the follow up office visits monthly, but the documentation did not indicate the reason for this requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine SUL TAB 15mg ER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back, left knee and left ankle pain with radiating symptoms to the left leg. The request is for morphine sul tab 15mg ER. The RFA provided is dated 01/21/15. The patient diagnoses per 01/21/15 progress report included closed, chronic fracture of the lower end of femur with unspecified part, chronic ankle fusion, chronic muscle spasms, chronic pain due to trauma, heartburn, chronic opiate analgesic therapy (COAT), chronic insomnia due to medical condition classified elsewhere, and chronic pain in joint involving the lower leg. Medications have included Norco, Promethazine, Prilosec, Baclofen, Diazepam, Ambien, Tizanidine and Opana ER. The patient reports that with the use of medication his pain is decreased from 9/10 to 4/10. The patient is permanent and stationary. 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. In this case, the treating physician reports on 01/21/15 that the patient has tried and failed Tramadol, Oxycodone IR and Percocet as they were either too strong or were ineffective for the pain. Patient has not yet tried Morphine. The same report reflects that with the use of medications the patient is able to work and volunteer a few hours daily and can be active for about 5 hours total, whereas without the medications the patient is only able to dress himself and perform minimal activities at home. The patient has signed a pain contract and previous UDS report dated 11/10/14 is consistent, as per the 12/03/14 progress report. The treater also states that there is no aberrant behavior or adverse side effects. Given the clear documentation of the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, the request IS medically necessary.

Office Visits x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th edition (web), 2015, Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with low back, left knee and left ankle pain with radiating symptoms to the left leg. The request is for office visits x12. There is no RFA provided for this request. The patient diagnoses per 01/21/15 progress report included closed, chronic fracture of the lower end of femur with unspecified part, chronic ankle fusion, chronic muscle spasms, chronic pain due to trauma, heartburn, chronic opiate analgesic therapy (COAT), chronic insomnia due to medical condition classified elsewhere, and chronic pain in joint involving the lower leg. Medications have included Norco, Promethazine, Prilosec, Baclofen, Diazepam, Ambien, Tizanidine and Opana ER. The patient reports that with the use of medication his pain is decreased from 9/10 to 4/10. The patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. None of the progress reports discuss this request. The purpose of the office visits is not known and for what specialty. If the request is from the primary treater, monthly visitations to manage the patient's pain issues would be reasonable. However, there is no discussion regarding what this request is about. Furthermore, the request is for 12 visits for which rationale is not known. Therefore, the request IS NOT medically necessary.