

Case Number:	CM15-0089944		
Date Assigned:	05/14/2015	Date of Injury:	11/13/2000
Decision Date:	06/16/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male, who sustained an industrial injury on November 13, 2000. He reported a near amputation of the left arm. The injured worker was diagnosed as having peripheral neuropathy, phantom limb syndrome with pain, left arm pain, contracture of left hand joint, chronic pain syndrome, phantom limb syndrome, and depression, unspecified. He was status post reattachment and reconstruction surgeries of the left upper extremity. Treatment to date has included trigger point injection, a home exercise program, ice/heat, and medications including antidepressant, short-acting and long acting pain muscle relaxant, and anti-epilepsy. On April 9, 2015, the injured worker complains of worsening of his constant left arm nerve pain and worsening pain in the left scapula, trapezius muscle, and rhomboid. His pain is rated 9/10. The pain is described as aching, burning, sharp, and throbbing. Warmth and heat are helpful in relieving his pain. The physical exam revealed the shoulder was hiked up with atrophy. The left shoulder was non-tender and had decreased range of motion. There was a claw deformity and atrophy of the hand and wrist, tenderness to palpation of the thumb, and the wrist range of motion consisted of some flexion only. There was no range of motion of the hand. The treatment plan includes continuing the injured worker's Morphine (MS Contin/Oramort SR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine (Ms Contin/Oramort Sr) 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Morphine is an immediate release opioid used for breakthrough pain. There is no documentation that the patient has a breakthrough pain. There was no documentation of pain relief or functional improvement with a previous use of narcotic. Therefore, the request for prescription for Morphine (Ms Contin/Oramort Sr) 15mg #90 is not medically necessary.