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| Case Number: | CM14-0098945 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 09/05/2002 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/31/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury of unknown mechanism on 09/05/2002. On 07/10/2014, he was being followed for low back and left buttock pain. The pain was worse when he was standing. The progress note stated that lumbar radiofrequency neurotomy for the joints immediately above the fusion had been an effective method for reducing his pain as an adjunct to his current pain management program. His medications included Lexapro 20 mg, Ambien CR 12.5 mg, Vicodin 5/325 mg, MSER 60 mg, Lyrica 150 mg, and Cymbalta 60 mg. The submitted documentation reveals that this injured worker has been taking Morphine Sulfate since 02/17/2011. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 50mg #25 between 5/20/14 and 7/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function and improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatments should begin with acetaminophen, aspirin, NSAIDs, antidepressants or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to; but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin or antidepressants, quantified efficacy, drug screens for collateral contacts. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency being specified, morphine equivalency dosage cannot be calculated. Therefore, this request is not medically necessary.