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| Case Number: | CM14-0219271 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 08/29/2008 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old male patient, with a reported date of injury of 08/24/2008. He sustained the injury due to cumulative trauma. The diagnoses include lumbago, knee pain/joint pain leg, and wrist/forearm pain. Per the doctor's note dated 11/24/2014, he had complaints of continuing bilateral knee, bilateral wrist, and lower back pain with radiation to the lower extremities. He is unable to get up from a chair without assistance and is asking for a chair to help boost him up. The physical examination revealed obese, depressed, cervical spine- mildly restricted range of motion, lumbar spine- tenderness in low lumbar area and mildly restricted range of motion. The current medications list includes Lyrica, diclofenac, omeprazole, fluoxetine, Intermezzo, MS Contin 60 mg, MS IR 60 mg, naproxen, Ambien, MS IR 15 mg, methadone and testosterone cypionate. He has had diagnostic studies including EMG. He has undergone left total knee replacement, right knee surgery, right hand carpal tunnel release and right wrist surgery. He has had physical therapy visits and cane for this injury. He has had urine drug screen on 8/6/2014 which was positive for methadone and opiates. On 12/11/2014, Utilization Review non-certified a request for Morphine Sulfate ER 60mg #90 one (1) tablet every eight (8) hours and Morphine Sulfate IR 15mg #90 three (3) times a day as needed for thirty (30) days, noting that there was no documentation of the compliance of the prescriptions. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): page 75-80.

Decision rationale: MS IR contains morphine sulfate which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that that patient has set goals regarding the use of opioid analgesic . Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of MSIR 15mg #90 is not established for this patient at this time.

MSER 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): page 75-80.

Decision rationale: MS ER contains morphine sulfate which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid

analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of MS ER 60mg #90 is not established for this patient at this time.

