

Case Number:	CM15-0013716		
Date Assigned:	02/02/2015	Date of Injury:	02/21/2001
Decision Date:	03/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 2/21/2001. The diagnoses have included tendinitis or tenosynovitis of the hand and wrist, chronic pain syndrome, status post resection of distal ulna, and chronic osteomyelitis. He underwent an open biopsy of the ulnar stump, left forearm (8/18/2014). Treatment to date has included intravenous antibiotics, pain medications and surgical intervention. The IW complains of worsening pain. He states that medications are helping a lot. He is not working at all. He reports muscle aches and arthralgias. He has depression and sleep disturbances. Objective findings included a splint and bandage on the left wrist. It is tender with pronation and supination. No swelling. On 1/21/2015 Utilization Review non-certified a request for Morphine sulfate ER 15mg, noting that the clinical information submitted for review fails to meet the evidence based guidelines. The MTUS was cited. On 1/23/2015, the injured worker submitted an application for IMR for review of Morphine sulfate ER 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 15mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are chronic pain syndrome; and tendinitis and/or tenosynovitis of the wrist and/or hand. The documentation indicates the injured worker was taking both Norco and methadone starting July 2014. Norco and methadone will continue into and including January 2015. A January 8, 2015 progress note states methadone is being tapered. Morphine sulfate ER 15 mg was prescribed. The discussion section of the clinical rationale is unclear. The treating physician states he will continue to taper down the methadone. I will give him 10 mg per day. He can supplement with additional pills he has remaining to take 15 mg per day and taper himself off of it.? It is unclear how the worker is going to taper himself off methadone based on the language enumerated by the treating physician. The treating physician states the injured worker will continue Norco. Morphine sulfate ER is not included in the discussion. However, Morphine sulfate ER is included in the list of medications to be taken. Presently, the injured worker is taking Norco, methadone and morphine sulfate ER, but there is no clear plan, based on the documentation in the medical records. Additionally, the quantity for Morphine sulfate ER is not present in the request for authorization. Consequently, absent clinical documentation with a clear plan for long-term opiate use while taking Norco, tapering Methadone and adding Morphine sulfate ER, Morphine sulfate ER 15 mg #30 is not medically necessary.