MAXIMUS Federal Services

Case Number:	CM15-0014680		
Date Assigned:	02/02/2015	Date of Injury:	07/27/2009
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 48 year old male who sustained an industrial injury on 07/27/2009. He has reported left knee pain that is a 9 on a scale of 10 and a decline in tolerance of a variety of activities including difficulty arising from a seated position. He has compensatory right knee pain that is rated a 3/10, and left shoulder pain rated a 6/10. Diagnoses include chronic pain syndrome, and hamstring tendonitis. Treatment to date includes a fluoroscopic guided hamstring tendon/ischial injection done 02/24/2014, a series of viscosupplementation in June 2014, physical therapy and use of a TENS unit. Other treatment has included non-steroidal anti inflammatory, muscle relaxants, and opiates. In a progress note dated 01/12/2015 the treating provider reports that the IW has no signs of sedation, and has significant point tenderness over the left hamstring insertion site with left ischial tenderness. The IW was in medication management, and the medication allows the IW to function better. He will be on chronic opiates for the foreseeable future. On 01/15/2015 Utilization Review non-certified a request for Morphine Sulfate Contin 15mg #60 2 Refills based on the clinical information submitted for the review and the evidence -based, peer reviewed guidelines for opioid administration. The MTUS Chronic Pain, Opioids was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Contin 15mg #60 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 93 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids 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 any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals incomplete documentation to support the medical necessity of MS Contin 15 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document objective pain relief, and appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.