

Case Number:	CM15-0111943		
Date Assigned:	06/18/2015	Date of Injury:	02/08/2013
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 2/8/13. Initial complaints were not reviewed. The injured worker was diagnosed as having pain in joint, pelvis/thigh; pain in joint lower leg; RSD pain; psychogenic NEC. Treatment to date has included physical therapy; acupuncture; status post left knee arthroscopy (12/13/13); Lumbar epidurogram with lumbar epidural steroid injection L5-S1 (12/2/14); medications. Diagnostics included x-ray pelvis (3/31/14); MRI lumbar spine (9/10/14); EMG/NCV bilateral lower extremities (7/30/14). Currently, the PR-2 notes dated 2/23/15 indicated the injured worker complains of left hip, low back and left lower extremity pain secondary to complex regional pain syndrome. She reports she is doing better since her previous visit. Her current pain is at 8/10 due to medications adjustment. She has been on morphine sulfate ER 15mg three times a day for the past 2 weeks and states that his is the lowest her pain has been in several months. She reports increased pain at night making it difficult to sleep. She continues to note ongoing lower back pain with radiation into the left lower extremity and also notes a "dead leg" sensation in her left leg occurring at random since her epidural steroid injection of 12/2/14. She denied increased weakness. She utilizes a cane for ambulation. She has had acupuncture in the past but it increased her pain but she has been approved for massage therapy as well as a referral to a neurologist. A MRI lumbar spine dated 9/10/14 reveals a minimal less than 2mm lateral paracentral annulus bulge and small annulus tear at L5-S1 of the uncertain clinical significance; otherwise normal exam. An EMG/NCV study of the bilateral lower extremities dated 7/30/14 impression is this was an abnormal study. It notes bilateral S1 lumbosacral radiculopathy with no

myopathy, polyneuropathy or plexopathy. PR-2 notes dated 4/9/15 are virtually the same medical information with the exception noting massage therapy has provided both symptomatic and functional improvement. The provider has requested retrospective Morphine Sulfate extended release 30mg quantity 60 and Retrospective Morphine Sulfate extended release 45mg quantity 30, both for date of service 4/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine Sulfate extended release 30mg quantity 60, DOS 4-9-15: 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) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Morphine Sulfate extended release 30mg quantity 60, DOS 4-9-15 is not medically necessary and appropriate.

Retrospective Morphine Sulfate extended release 45mg quantity 30, DOS 4-9-15: 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) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily

activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retrospective Morphine Sulfate extended release 45mg quantity 30, DOS 4-9-15 is not medically necessary and appropriate.