

Case Number:	CM15-0120178		
Date Assigned:	06/30/2015	Date of Injury:	11/08/1997
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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 is a 63 year old female, who sustained an industrial injury on 11/08/1997. Diagnoses include sleep arousal disorder, Reflex Sympathetic Dystrophy (RSD) lower extremities and right lower extremity status post spinal cord stimulator implantation. Treatment to date has included surgical intervention (right knee, undated), spinal cord stimulator and medications that include Morphine Sulfate ER, Gabapentin, Doxepin, Risperidone, Methadone, Trazodone, Lidoderm patches, Dulcolax, Colace and Oxycodone on the current medication list. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported knee pain with continued swelling. Physical examination of the right knee revealed swelling and tenderness to palpation and decreased range of motion described as baseline. The plan of care included medications and authorization was requested for Morphine Sulfate ER 30mg #60. Opiate rotation is recommended due to repeated denials of all the patients' medications. Notes indicate that the patient has had consistent urine drug screens, that medications reduce the patient's pain by 30% and improve function, and that they cause no intolerable side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (Morphine Sulfate) ER 30mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that MS Contin is being recommended for opiate rotation. Previously, the patient had some relief with long-acting opiate pain medication as well as improved function. Urine drug screening has been consistent. No aberrant behavior has been documented. Therefore, a trial of MS Contin seems reasonable. Ongoing use would of course, require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested MS Contin (Morphine Sulfate ER) is medically necessary.