

Case Number:	CM15-0125557		
Date Assigned:	07/10/2015	Date of Injury:	10/20/2008
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 43-year-old male, who sustained an industrial injury, October 20, 2008. The injured worker previously received the following treatments Morphine Sulfate ER, Gabapentin, Miralax, Zofran, MSIR, wheel chair, quad cane, left foot AFO brace, home health care and walker. The injured worker was diagnosed with CRPS (complex regional pain syndrome), internal derangement of the left shoulder and left knee, neck and lower back pain, RSD of the lower limb and crush injury of the leg. According to progress note of May 13, 2015, the injured worker's chief complaint was ongoing wheelchair issues. The injured worker rated the pain in the left knee and left shoulder at 10 out of 10. The physical exam noted hyperalgesia, left leg RSD. There was decreased range of motion. The treatment plan included prescription renewal for Morphine Sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER (extended release) 60 mg Qty 84 (28 day supply) - Retrospective DOS 6/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. "In this case, the patient's complaints and symptoms seem not improving despite the use of Morphine ER. No functional improvement reported. Therefore, the retrospective request for Morphine Sulfate ER 60mg #84 is not medically necessary.