

Case Number:	CM15-0128274		
Date Assigned:	07/15/2015	Date of Injury:	12/02/2005
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 35-year-old female injured worker suffered an industrial injury on 12/02/2005. The diagnoses included crush injury to right forefoot with chronic regional pain syndrome, traumatic amputation of the right 4th and 5th toes, hammertoe deformity if the right 2nd and 3rd toes, chronic pain related to depression and anxiety, and insomnia related to chronic pain. The diagnostics included right foot and left ankle x-rays. The injured worker had been treated with multiple orthopedic surgeries, physical therapy and medications. On 5/6/2015, the treating provider reported complaints of increasing low back pain and stiffness with intermittent spasms, which are worse at night. She used a single pointed cane for mobility. Her sleep is interrupted and mood remained labile with episodes of increased anxiety and panic attacks. On exam, the lumbar and thoracic spine had diffuse tenderness. The right lower extremity showed minimal swelling over the right foot and had focal hyperalgesia to touch. The provider advised her to reduce Norco to 10mg 1 tablet every 6 hours as needed only. The injured worker had not returned to work. The treatment plan included Morphine sulfate tab 15mg ER #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sul tab 15mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Morphine sulfate ER is an opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided did not include a comprehensive pain assessment and evaluation, no risk assessment for aberrant drug use and no evidence of functional improvement with the medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.