

Case Number:	CM13-0014139		
Date Assigned:	10/02/2013	Date of Injury:	09/11/2002
Decision Date:	01/06/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 year old female with date of injury 9/11/12. Report of chronic low back pain with radiation into the extremities. Report of severe pain. MRI lumbar spine 4/14/12 demonstrates lateral recess narrowing and foraminal narrowing bilateral L4 foramen. Status post lumbar epidural steroid injection 8/28/12. Exam notes from 10/24/12 documents weaning from morphine sulfate ER 60 mg daily to 45 mg daily. Exam notes from 12/56/12 document weaning down to 15 mg Morphine Sulfate ER per day. No documentation of results of use. Exam date from 1/2/13 demonstrates taking 15 mg daily of Morphine Sulfate ER per day. Exam note from 6/3/13 demonstrates report of severe pain. Prescription of Morphine Sulfate ER 15 mg tablet every 12 hours to increase every 8 hours as needed. Visit from 7/31/13 demonstrates 10/10 pain in low back. Prescription given for morphine sulfate ER 15 mg every 12 hours to increase to every 8 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The decision is based upon the American College of Occupational and Environmental Medicine (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy.

Morphine Sulfate ER 15 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management with Opioids.

Decision rationale: The use of opiates according to the guidelines is for on-going management of pain when there is documentation of appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The request for morphine sulfate ER 15 mg is non-certified based upon the lack of functional improvement in the past documented in the medical record. There is insufficient evidence of satisfactory response to warrant further usage.