

Case Number:	CM13-0020070		
Date Assigned:	01/15/2014	Date of Injury:	04/05/2001
Decision Date:	08/26/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported an injury on 04/05/2001. The mechanism of injury was not specifically stated. Current diagnoses include chronic pain, thoracic or lumbosacral radiculopathy, degenerative disc disease in the lumbar spine, myalgia/myositis, spinal stenosis in the lumbar region, and muscle spasm. The latest physician progress report submitted for this review is documented on 12/31/2013. The injured worker reported severe lower back pain with radiation into the left lower extremity. The current medication regimen includes Nucynta ER, Naprosyn, Miralax, Lunesta, Norco, trazodone, and Diclofenac. Physical examination on that date revealed an antalgic gait, mild spasm, painful range of motion of the lumbar spine, tenderness to palpation, positive straight leg raising, and decreased strength in the right lower extremity. Treatment recommendations at that time included prescriptions for trazodone, Nucynta ER, Naprosyn, Miralax, Lunesta, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 30MG#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of this injured worker's current utilization of morphine sulphate ER 30mg. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.