

Case Number:	CM13-0030663		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2011
Decision Date:	02/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology 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. 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:

This is a 36-year-old male with a date of injury of 3/29/2011. This patient had a Left L4-L5 laminotomy and discectomy on September 18, 2011. The patient's diagnoses include lumbar disc disease, post-laminectomy syndrome, lumbar radiculopathy, cervical disc disease & chronic pain. In a note dated June 6, 2013 the patient's pain is described as severe, incapacitating low back pain radiating to bilateral lower extremities. The pain is rated 8/10 A note dated August 12, 2013 reports prescribed pain medications as MS Contin 60 mg, one PO (by mouth) q12 hours, Lunesta 3 mg, one PO qHS, Robaxin & Neurontin. There are several notes within a six month period from June 2013 to November 2013 stating there is no significant improvement in pain.

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 Morphine Sulfate ER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 77, 80, 87, 93.

Decision rationale: Morphine Sulfate ER is a long-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited

for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. There is no evidence of long-term benefit or functional improvement in patients with low back pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." This patient's medical record indicates he has had little to no improvement in pain or function over the last several months with prescription MS Contin, Robaxin and Neurontin. There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no detailed, specific, documented evidence of pain relief. Therefore, the above listed issue is considered NOT medically necessary.