

Case Number:	CM13-0044598		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2003
Decision Date:	03/10/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 56-year-old male who reported a work-related injury on 02/12/2003 after he slipped and fell while walking down a stairway and sustained rib fractures. He underwent an L4-5 and L5-S1 fusion anteriorly with posterior fusion and pedicle screw fixation for spondylolisthesis on 02/17/2006. The patient has undergone extensive physical therapy, aquatic therapy, and spinal cord stimulator on 08/08/2011, which was not effective. The patient's medications include Kadian 20 mg every 12 hours, Percocet 10/325 mg twice a day, Zanaflex 4 mg twice a day, Lyrica 150 mg twice a day, Lidoderm 5% patches 2 per day, omeprazole 20 mg twice a day, and Laxacin 2 tablets 3 times a day. A request has been made for 60 morphine sulfate 20 mg ER 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 20mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-80.

Decision rationale: Recent clinical documentation stated the patient was prescribed Kadian 20 mg every 12 hours for baseline pain control, in addition to Percocet 10/325 up to twice a day for moderate to severe breakthrough pain. The patient reported both functional improvement, as well as improvement in pain with his current medication regimen. He stated his overall improvement in pain and improvement in function was 50%. The patient rated his pain as 5/10 with medication. Without medication he rated his pain as 10/10. The patient stated with medication use, he was able to participate in activities of daily living and noted his improvement in his ability to walk longer distances. Without medication, the patient stated he was confined to a bed or chair. The patient denied any side effects and had signed an opioid agreement and remained compliant. Urine drug screening had shown evidence of compliance with his prescribed medications. California Chronic Pain Medical Treatment Guidelines state criteria to continue opioids includes if the patient has returned to work and if the patient has improved functioning and pain relief. There were no overall functional benefits noted which could be objectively measured such as range of motion measurements due to the use of morphine sulfate. There was also no evidence given that the patient had returned to work. The patient reported 50% improvement in pain and improvement in function with his current medication regimen. He stated he was able to complete his activities of daily living with the medication morphine sulfate; however, the patient was not noted to have returned to work, per guideline criteria. Therefore, the request for 60 morphine sulfate 20 mg ER is non-certified.