

Case Number:	CM13-0047318		
Date Assigned:	12/27/2013	Date of Injury:	02/23/1993
Decision Date:	08/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 claimant is a 56 year old gentleman who was injured in a work related accident on 02/23/93. Included in the medical records provided for review is a Utilization Review dated 10/02/13 noting that the claimant had ongoing complaints of low back pain, a surgical history of a spinal fusion at the L5-S1 level, and a diagnosis of failed back syndrome. It also documented that the claimant was utilizing medications of Celebrex, MS Contin and Norco, Prilosec, Cymbalta and Soma. The recommendation for review for Hydrocodone and Morphine noted that in July of 2013, the claimant was being weaned and that agents such as Methodone may yield a better alternative. The recommendation was made to wean both Morphine and Hydrocodone to discontinue their use. There is no recent documentation of any change in claimant's clinical symptoms, no reports of updated imaging, or physical examination findings noted. There are once again requests for both Hydrocodone and Morphine Sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARCOTIC HYDROCODONE-ACETAMINOPHEN 10MG-325 QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids: Criteria for Use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines do not support continued use of Hydrocodone. The claimant has already been provided appropriate weaning doses of both short and long acting narcotic analgesics. There is no documentation of the significant change in the claimant's clinical condition. Without significant change in the claimant's examination findings, imaging or clinical presentation, the request is not medically necessary and appropriate.

MEDICATION: MORPHINE SULFATE ER 200 MG QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids: criteria for Use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines do not support continued use of Morphine. This individual has already been provided appropriate weaning doses of both short and long acting narcotic analgesics. There is no documentation of a change in the claimant's clinical condition. Without significant change in claimant's examination findings, imaging or clinical presentation, the request is not medically necessary and appropriate.