

Case Number:	CM13-0049055		
Date Assigned:	12/27/2013	Date of Injury:	11/16/1998
Decision Date:	03/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 62-year-old male with a date of injury on 11/16/1998. The progress report dated 10/08/2013, by [REDACTED] indicates that the patient's diagnoses include: Post-laminectomy syndrome, lumbar; Lumbosacral radiculopathy; Degenerative lumbar disk; Sacroiliac sprain/strain; and Right shoulder internal derangement. The patient continues with significant low back pain, left knee pain, and right upper extremity pain, which the patient rates at an 8/10 with medication use and 9/10 without medication use. The exam findings indicate that the patient has a prosthetic left lower extremity, and a below-the-knee amputation. It is tender in the left knee. Tenderness and hypertonicity in the paravertebral muscles of the lumbar spine. A toxicology screen from 09/09/2013 indicates that the patient was positive for opiates. The morphine quantity was 31.7 ng/mL. This appears to be consistent with the patient's medication use. The patient has been utilizing 300 tablets of morphine sulfate 30 mg per month, 60 of which he pays out of pocket for, and 240 he submits through his private insurance as the Work Comp insurance has not provided coverage for this. A request was made for the Work Comp insurance to cover the 240 morphine sulfate 30-mg tablets. The utilization review letter dated 09/24/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78,81, 88-89.

Decision rationale: The patient continues with severe low back pain, left knee pain, and right upper extremity pain. He rates his pain at 8/10 with medication use and 9/10 without medication use. Treating physician reports that the patient has improved functional capacity physically by 50% by the reduction of pain gained from the opioid medication. It was further noted that the patient was able to cook dinner, help his elderly mother, conduct his activities of daily living, drive, and maintain the household because of the pain medication he takes. Without it, there would be very little he could do. The treating physician indicates that there is an opioid agreement in the patient's file, and the patient does not have negative side effects from the medication use. The Chronic Pain Guidelines indicate that patient should be assessed at each visit, and functioning should be measured at 6-month interval using numerical scale or validated instrument. It further states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records appear to indicate that the patient does receive a satisfactory response to the medication use. The guidelines also indicate that ongoing management during a trial of opioids, there should be documentation of the four (4) A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The treating physician's documentation appears to have addressed the four (4) A's. Therefore, authorization is recommended.