

Case Number:	CM13-0052067		
Date Assigned:	12/27/2013	Date of Injury:	09/09/1973
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in Pain Management 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 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 patient is a 64-year-old male who reported an injury on 09/09/1973. The mechanism of injury was noted to be a motor vehicle accident. He is diagnosed with failed back surgery syndrome, successful spinal cord stimulator trial, lumbosacral stenosis, lumbar L5-S1 severe disc degeneration, sacroiliac joint pain, L5 neuropathy, paravertebral muscle spasm, chronic pain syndrome with psychological dysfunction, and stable opioid dependence. He is noted to have symptoms of low back pain with lower extremity pain and weakness. An 11/14/2013 clinical note indicated that the patient has chronic opiate dependence and discontinuation of his opioid medications would bring on withdrawal issues. A previous attempt had been made to switch the patient to morphine ER 30 mg; however, it was noted that the patient was not able to tolerate the side effects from the medication which he reported to include dysphoria and memory problems. Therefore, morphine was discontinued and the patient was prescribed OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 MORPHINE ER 30MG (EXPRESS SCRIPTS): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, long acting opioids are used to stabilize medication levels and provide around the clock analgesia. The clinical information submitted for review indicates that the patient has chronic low back pain and chronic opioid dependence. However, the most recent clinical note provided indicated that morphine ER was discontinued due to adverse effects. As such, the request for morphine is non-certified.