

Case Number:	CM13-0071432		
Date Assigned:	01/08/2014	Date of Injury:	09/27/2004
Decision Date:	04/01/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal Medicine and is licensed to practice in New York. 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 year old male with a date of injury on 09/27/2004. On 11/20/2004 a lumbar MRI revealed moderate L5-S1 central canal stenosis. The disc encroaches on the lateral recess and displaces the right L5 nerve root. He is permanent and stationary. His listed diagnoses include cervical and lumbar degenerative/disc disease, psychosis, major depression, spinal stenosis, long term use of medications and psychogenic pain. On 12/10/2013 he complained of 9/10 pain. He uses a cane for balance. He noted that the medication helps his pain only marginally. He complained of depression. Medications included Geodon, Cymbalta, Abilify, Morphine sulfate ER 30 mg QID, Zanaflex, and Topamax. (He was taking the same medications on 11/04/2013). He was alert and oriented. He had lumbar spasm and guarding. Acupuncture was requested.

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 Page(s): 34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 34.

Decision rationale: The patient has a psychiatric condition. He continues to have 9/10 pain despite long term morphine sulphate ER 30 mg QID. There is no documentation that opiate medication is effective in this patient. ACOEM guidelines for low back complaints recommend acetaminophen, ASA, NSAIDS and muscle relaxants and if opiates are to be used for severe pain with objective findings, it should be used no more than two weeks. MTUS Chronic pain guidelines noted that patients who were taking opiates for at least 6 months, there was no difference in the percent of patients who went back to work whether opiates were tapered and weaned or not. Therefore, the request is not medically necessary.

Blood tests for kidney and liver function: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: There are no MTUS or ODG guidelines concerning lab tests. There is no documentation of liver or renal disease. There is insufficient documentation to substantiate the medical necessity of these tests in the clinical documentation provided for review.