

Case Number:	CM14-0103318		
Date Assigned:	07/30/2014	Date of Injury:	03/27/2004
Decision Date:	12/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 injured worker is a 43-year-old female who reported an injury on 03/27/2004. The mechanism of injury was not provided. Her diagnosis was noted as post lumbar laminectomy syndrome. Her past treatments were noted to include medication, TENS unit, home exercise program, cryotherapy and heat therapy. Her surgical history was not provided. During the assessment on 03/26/2014, the injured worker complained of back pain radiating to both legs. She stated the pain level had decreased since her last visit. She also stated that her quality of sleep was good and she was not trying any other therapies for pain relief. She stated that her current medications were working well and noted less muscle tension and tightness with medication use. The physical examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Her range of motion was restricted with flexion limited to 65 degrees limited by pain, extension limited to 5 degrees, right lateral bending limited to 10 degrees and left lateral bending limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point response was obtained along with radiating pain on palpation on both sides. Her medications were noted to include Flexeril 10 mg, oxycodone/APAP 10/325 mg and MS-Contin CR 30 mg. The treatment plan was to continue medication, home exercise program, cryotherapy and heat therapy. The rationale for the MS-Contin was for baseline pain control and the rationale for the oxycodone was for breakthrough pain. The Request for Authorization form was dated 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg, 30 day supply, #90: Upheld

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

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

Decision rationale: The request for morphine sulfate ER 30mg, 30 day supply, #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The injured worker has been taking morphine sulfate 30mg since at least 01/02/2014. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of morphine sulfate 30mg is not supported by the guidelines. As such, the request is not medically necessary.

Oxycodone/APAP 10/325mg, 25 day supply, #100: Upheld

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

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

Decision rationale: The request for oxycodone/APAP 10/325mg, 25 day supply, #100 is not medically necessary. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The injured worker has been taking oxycodone since at least 01/02/2014. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS (visual analog scale), average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of oxycodone/APAP 10/325mg is not supported by the guidelines. As such, the request is not medically necessary.

