

Case Number:	CM14-0115817		
Date Assigned:	08/04/2014	Date of Injury:	08/25/2010
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine 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:

There were 277 pages provided for review. The request for independent medical review was signed on July 21, 2014. The diagnoses were chronic pain syndrome, long-term use of medicines, opioid dependence, lumbosacral neuritis, myalgia and myositis, lumbosacral spondylosis and post laminectomy syndrome. Per the records provided, the original treatment request was for 40 of the morphine sulfate there was modified to 20. The omeprazole was approved. The tramadol was modified from 120 down to 60. He is a 61-year-old male. The date of injury was August 25, 2010. The diagnoses were lumbar radiculopathy, post laminectomy pain syndrome, and lumbar spondylosis without myelopathy. Treatment has included a TENS unit, medicines and diagnostics. There was a July 13, 2012 lumbar fusion, a May 13, 2012 L4-L5 posterior interbody fusion, decompression, and laminectomy. As of May 22, 2014 the pain was in the low back. The pain radiated to both legs. The pain was constant and sharp. For the morphine, there was no documented functional improvement. Further the guidelines suggest no more than 50 mg per day. The request was reduced to initiate a weaning process or to allow the provider time to document derived functional benefit. The tramadol likewise was modified because there was no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 50mg ER # 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Tramadol 50mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported and not medically necessary.