

Case Number:	CM14-0117226		
Date Assigned:	08/06/2014	Date of Injury:	01/13/2002
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 1/13/2002 while employed by [REDACTED]. The request under consideration is for Morphine Sulfate Cap 100mg ER #60 (30 day supply). Diagnoses include lumbar discogenic disease, radiculitis, facet syndrome, status post lumbar laminectomy x2, failed back syndrome, and long term meds. A report dated 6/5/14 from the pain management provider noted the patient with ongoing chronic lower back pain radiating across back and into the lower extremities with burning and aching; calves cramping; and spasm with numbness in feet rated at 8-10/10 on the visual analog scale (VAS). Exam showed symmetrical deep tendon reflexes (DTRs) 1+; straight leg raising test positive at 30 degrees; limited and painful range to 40% of normal; tenderness along midline bilateral lower spine; 4/5 diffuse decreased motor strength; and unable to heel/toe walk with altered sensation at L4-5 and L5-S1 dermatomes. Treatment included bilateral paravertebral sacroiliac trigger point injections and medication refills for Kadian, Norco, Soma, and Wellbutrin. A report dated 6/26/14 noted patient returning for medication refills. The exam and diagnoses were unchanged. The request for Morphine Sulfate Cap 100mg ER #60 (30 day supply) was non-certified by UR on 7/22/14, with reviewer citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Cap 100mg ER #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance with change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization, or a change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Morphine Sulfate Cap 100mg ER #60 (30 day supply) is not medically necessary and appropriate.