

Case Number:	CM14-0138383		
Date Assigned:	09/08/2014	Date of Injury:	06/23/2011
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Geriatrics, 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 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 woman with a date of injury of 6/23/11. She was seen by her primary treating physician on 7/24/14 with complaints of ongoing low back pain with radiation to her right lower extremity. Her medications included morphine, motrin, Prilosec, amitriptyline, gabapentin and Colace. She reported a reduction in pain to 4/10 with her morphine and an improvement in activities of daily living. She reported constipation and GI upset with the morphine. Her exam showed tenderness in the lumbar paraspinal muscles with a positive left leg lift. Her diagnoses were low back and right lower extremity pain and depression/anxiety due to chronic pain. At issue in this review is the refill of morphine sulfate ER 30 mg BID #60. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, criteria for u.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. Her medical course has included use of several medications including narcotics, NSAIDs and gabapentin. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any significant improvement in pain (still 4/10) and she is having side effects of constipation and GI upset. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited and she is taking other medications to target pain such as NSAIDs and gabapentin. The medical necessity of continued morphine sulfate extended release is not substantiated in the records.