

Case Number:	CM14-0147146		
Date Assigned:	09/15/2014	Date of Injury:	11/28/2008
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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:

The patient is a 53 year old male who was injured on 11/28/2008 when he was lifting a shower door. Prior medication history as of 06/18/2014 included Oxycontin, Morphine Baclofen, Trazodone, and Wellbutrin (VAS with medications 4/10 and without medications a 10/10). Progress report dated 07/16/2014 noted the patient presented with ongoing back pain with radiating symptoms. He noted with the medications Oxycontin and Morphine sulfate IR, he gets about 3-4 hours of pain relief. He noted they allow him to shower and bath, clothe and feed himself. A progress report dated 08/14/2014 states the patient presented with complaints of persistent pain but did state that his medications allow him to be more functional. He was noted to be taking Oxycontin 30 mg, Morphine Sulfate IR 20 mg, Baclofen, Trazodone 50 mg, and Wellbutrin 150 mg. On exam, he had pain with range of motion of the shoulders, worse on the left, with diminished range of motion. The patient is diagnosed with chronic low back pain, right lower extremity pain with weakness at right leg; and constipation from medication. He was recommended to continue with his medications, Morphine sulfate IR and Oxycontin as he has been stable with them. Prior utilization review dated 09/03/2014 states the request for Morphine Sulfate Ir 20 Mg # 30 As Needed is not certified; however, a #20 supply is supported to avoid abrupt withdrawal and to enable the provider to provide proper documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE IR 20 MG # 30 AS NEEDED: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The treating physician in this case has sought to progressively wean the patient from short acting opioid medications and it appears from the records that the patient has decreased usage from the beginning of the year through the present. Through the earlier part of the year, the provider offered clinical documentation and rationale for treatment with Oxycontin and MS-IR. The provider has progressively weaned the patient in a gradual and progressive manner to the present dosing of 20mg MS-IR on a once daily basis. When viewed in total, the documentation in this case demonstrates appropriateness as outlined in the MTUS guidelines (lowest possible dose, adequate documentation of effects and side effects). I would however recommend that a provision be made that the medication regimen be reviewed in another 1-2 months to determine if the provider has continued to wean medications as described in the medical record. Based on the guidelines and criteria described above as well as the clinical documentation, the request is medically necessary.