

Case Number:	CM14-0152621		
Date Assigned:	09/22/2014	Date of Injury:	06/30/2008
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Pain 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:

The injured worker is a 55-year-old female who reported injury on 06/30/2008. The mechanism for injury was not provided. The injured worker's diagnoses included L4-5 spondylolisthesis grade 1, chronic bilateral S1 radiculopathy, multilevel degenerative disc disease L3-4 and L4-5, L4-5 disc herniation and lateral stenosis at L3-5 bilaterally. The injured worker's past treatments included a radiofrequency ablation on the left SI joint in 04/2014, medications and pain management care. The injured worker's diagnostic testing included a CT of the lumbar spine without contrast on 06/21/2013 which was noted to reveal grade 1 spondylolisthesis of L3-4 and L4-5. On 11/01/2013 an EMG study of bilateral lower extremities was performed and was noted to reveal chronic bilateral S1 radiculopathy. An MRI of the lumbar spine performed on 07/15/2014, was noted to reveal degenerative disc disease at L2-3. The injured worker's surgical history included an L3-4 and L4-5 vertebral body fusion, with L3, L4 and L5 laminectomy. On 08/12/2014, the injured worker complained of low back pain radiating pain and numbness extending into the bilateral lower extremities, she rated the pain 5/10 on VAS with medication and 10/10 with medication. She also complained of bilateral leg pain that she rated 5/10 with medication and 10/10 with medication. Upon physical examination, the injured worker was noted with mild palpable tenderness of the paravertebral muscles bilaterally. There was evidence of tenderness over the left sacroiliac joints. She was noted to have decreased sensation over the right L3 dermatome distribution. The injured worker's medications included Norco 10/325 mg, Protonix DR 20 mg, Anaprox DS 550 mg, Zanaflex 4 mg and Lyrica 150 mg. The request was for morphine sulfate 30 mg #60. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Identifying criteria for use of a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate), ; Opioids, Page(s): 23; 78..

Decision rationale: The request for Morphine Sulfate 30mg #60 is not medically necessary. The California MTUS Guidelines state that opioids are not recommended as first line therapy for osteoarthritis. It may be recommended on a trial basis for short term use after there has been evidence of failure of first line nonpharmacologic and medication options such as acetaminophen or NSAIDs and when there is evidence of moderate to severe pain. Weak opioids should be considered at initiation of treatment with this class of drugs, and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances. Benefits of opioids are limited by frequent side effects to include nausea, constipation, dizziness, somnolence and vomiting. Morphine sulfate should be reserved for patients with chronic pain who are in need of continuous treatment. The injured worker was noted to be currently taking Norco 10/325 mg, and rated her pain a 5/10 on VAS with medication. The injured worker was noted to have taken a urine drug screen in 06/2014, and was consistent with prescribed opioid therapy. The guidelines may recommend ongoing opioid therapy when the injured worker has ongoing review and documentation of pain relief, functional status, and appropriate medication use. Pain assessment should include current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to be pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation did not provide sufficient evidence of an objective functional status or exceptional circumstances to warrant the need for a stronger opioid. In the absence of documentation with evidence of significant objective functional deficits and documented evidence of exceptional circumstances to warrant the use of a stronger opioid, the request is not supported. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.