

Case Number:	CM14-0161441		
Date Assigned:	10/06/2014	Date of Injury:	02/26/2008
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 injured worker is a 47-year-old male who reported a work related injury on 02/26/2008 due to a slip and fall. The injured worker's diagnoses were noted to include status post large disc herniation at L4-5 with subsequent L4-5 laminectomy in 2008, followed by L4-5 fusion in 2011, residual chronic low back pain with right lower extremity radiculopathy, and depression. Past treatment was noted to include a laminectomy in 2008, lumbar fusion in 2011, medication management, and opioid detoxification program in 2014. A urine drug screen dated 03/18/2014 showed positive for benzodiazepines, barbiturates, as well as opioids, and THC metabolites. Methamphetamines and methanol were not tested. The injured worker's surgical history was noted to include an L4-5 laminectomy in 2008, and an L4-5 fusion in 2011. Upon examination on 09/08/2014 the injured worker complained of low back pain that radiates into both low extremities, right greater than left. The pain was also noted to radiate into the right buttock, posterior thigh, and calf. The injured worker described the pain as burning, hot, and electrical pain. The injured worker stated that his pain was aggravated by prolonged sitting, standing, bending, twisting, and lifting. In addition, the injured worker noted that his sleep had improved with Quazepam. Additionally, it is noted that the injured worker went through a detoxification program on 03/18/2014 through 04/03/2014; the injured worker stated he finished the program but had such severe pain that he stated that he had no choice but to continue to utilize opioid medication. He stated that he was currently utilizing Norco and had previously utilized oxycodone and Dilaudid. Upon examination on 08/07/2014 it was noted that the injured worker requested early refills. It was noted by the physician that it might be cause for the injured worker to be discharged from the office. It was also noted that the injured worker should not obtain any analgesics from any other physician, if the injured worker does; he was noted to be at risk to be discharged from the office. Additionally, on a note dated 07/30/2014, the physician stated that

he was not aware that the injured worker had undergone an in house detoxification, and felt that the injured worker was malingering with regard to the said matter. He considered discharge for noncompliance of the injured worker's narcotic contract. The injured worker also stated that his family with cancer had provided him with occasional Norco for his pain. The injured worker's prescribed medications were noted to include Norco, Soma, Clonazepam, MSIR, and Quazepam. The treatment plan consisted of the continuation of Norco, Soma, Quazepam, Clonazepam, and Morphine. The rationale for the request was noted to be pain if not adequately covered by Norco. A Request for Authorization form was submitted for review on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15 mg Tabs 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Morphine Sulfate IR 15 mg Tabs 60 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon assessment; current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, and improved quality of life. 4 domains have been proposed as the most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. In the documentation it was noted that the injured worker had chronic severe pain. However, within the documentation provided for review it was noted that multiple providers have had medication issues with the injured worker. The issues have included noncompliance and THC detection in urine drug screen testing. It was also noted that the injured worker underwent a detoxification program in March through April of 2014. However, the injured worker has had several medication issues with several providers and multiple requests for detoxification in the past. Although the injured worker has undergone a detoxification program, there is still concern in regards to continued opioid use. Therefore, the request for Morphine cannot be warranted. Thus, the request for Morphine is not medically necessary.