

Case Number:	CM14-0179181		
Date Assigned:	11/03/2014	Date of Injury:	08/21/1997
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 (IW) is a 65-year-old man with a date of injury of August 21, 1997. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with post-laminectomy syndrome, sciatica, thoracolumbar radiculopathy, and chronic low back pain. The IW has a history of metastatic prostatic carcinoma, which is under active treatment. He continues to lose weight with proper nutrition and exercise. MRI of the lumbar spine dated August 8, 2014 revealed a bulging disc at L3-L4 with spinal stenosis. There was diffuse abnormal signal density throughout the lumbar spine and ilium consistent with metastatic prostatic carcinoma. The IW was diagnosed with L3-L4 spinal stenosis with neurogenic claudication, and non-industrial metastatic prostatic carcinoma under active treatment. Pursuant to the progress note dated September 9, 2014, the IW complains of low back pain and left leg radicular symptoms with numbness. The provider indicated that the IW is stable for the most part with his medication schedule of Morphine sulfate 60mg TID. The medications allowed him to be active and take care of his own daily activities of daily living. The physical examination reveals tenderness to palpation over the facet joints and lumbar spine. Pain was also noted over the right sacroiliac joint and left sacroiliac joint. Patrick's test was positive bilaterally. The provider recommends bilateral L3-L4 transforaminal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Morphine Sulfate Extended Release (MSER) 60mg tablet, 1 tab PO every 8 hrs or 3 per day, #90 for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate extended release 60 mg tablet, one tab PO every eight hours, #90, is not medically necessary. For chronic opiate use, the medical record needs to show ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the progress note dated September 22, 2014 states the injured worker's pain is well controlled with morphine sulfate 60 mg TID. He has burning pain in his left buttock with stationary standing. The Injured worker has a history of metastatic prostate carcinoma. The treating physician's impression is post laminectomy, sciatica, chronic low back pain and nonindustrial metastatic prostate carcinoma under active treatment. The medical record documentation indicates first-line treatments for antidepressants and gabapentin have been used but it doesn't indicate the response to their treatment. Clinical documentation does not contain pain assessments associated with ongoing chronic use of opiate medications, in addition to objective functional improvement. In the absence of objective functional improvement and the appropriate documentation, chronic opiate use with Morphine sulfate extended release, is not medically necessary. The medication dosage also exceeds treatment guideline recommendations of 120 mgs per day. The injured worker is receiving the equivalent of 180 mgs per day. Consequently, ongoing opiate use is not clinically indicated and not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Morphine sulfate extended release 60 mg tablet, one tab PO every eight hours, #90 is not medically necessary.