

Case Number:	CM14-0021992		
Date Assigned:	05/09/2014	Date of Injury:	08/10/1995
Decision Date:	07/10/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 58 year old female injured on 08/10/95 due to undisclosed mechanism of injury. The current diagnoses included lumbago, lumbosacral degenerative disc disease, and long term medication use. Clinical note dated 11/20/13 indicated the patient presented with persistent low back pain. The patient underwent radiofrequency ablation approximately five months prior decreasing her pain 70-80%; however, reporting benefits were wearing off. The patient reports minimal activity but was walking at home. The patient continued with Lexapro which helped. The patient had not had medications filled for approximately three months and was relying on leftover Oxycodone and extra Duragesic patches. A clinical note dated 01/15/14 indicated the patient presented with ongoing low back pain. Pain was rated 7/10 with medications. The patient utilized Oxycontin 80mg for spikes in pain. Physical examination revealed antalgic gait, tenderness and bruising in right periorbital area, range of motion of the spine very limited in flexion/extension, left lower extremity tender and slightly effused, and intact sensation to all extremities. The initial request for Morphine Sulfate IR 30mg tab #180 RF0 was initially non-certified on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE IR 30MG TAB #180 RF 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The documentation indicates ongoing non-compliance with narcotic medication regimen as evidenced by urine drug screens. Additionally, the patient continues to report elevated pain scores with the use of medications indicating a lack of efficacy. As such, the medical necessity of Morphine Sulfate IR 30MG TAB #180 RF 00 cannot be established at this time.