

Case Number:	CM14-0026625		
Date Assigned:	06/13/2014	Date of Injury:	03/18/2008
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 51 year old male who reported an injury on 03/08/2008, due to unknown mechanism. The injured worker complained of constant moderate to high severity back and left leg pain. The injured worker received acupuncture which provided him short term relief, rated pain at 4/10 with medication and 8/10 without medication. On a physical examination dated 11/19/2013 an inspection of the lumbar spine revealed a flattened lordosis and muscle fullness suggesting muscle spasm from L3 to lumbosacral junction. Palpation revealed mild to moderate tenderness from L4 to lumbosacral junction on the right and left sides with multiple trigger points, and straight leg raise is positive on the left at 30 degrees. The injured worker diagnoses include chronic lumbar and left lower limb pain secondary to L5-S1 disc herniation, status post 3 failed discectomies and L5-S fusion, opioid dependent chronic pain, and muscle spasm pain. The injured worker's medications include oxycontin, Percocet, Neurontin, flexeril, tizanidine and naproxen. The treatment plan is for morphine sulfate 20mg ER number 120 for date of service 01/10/2014. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 20MG ER #120 FOR DATE OF SERVICE 1/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 78.

Decision rationale: There is no documentation of pain or rationale for request that coincides with the date of request. The California Medical Treatment Utilization Schedule guidelines states that on-going management of opioids should be initiated and actions should include: The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; A pain assessment that should include current pain, least reported pain over the period since last clinical visit, average pain before and after taking medication, how long it takes to achieve pain relief, and how long the pain relief last. There is no documented clinical visits for the injured worker or pain assessments between 11/19/2013 and 4/21/2014. Guidelines also indicate that a urine drug screen is recommended, to check for compliance of opioid therapy. This diagnostic test will also monitor compliance with medication and help avoid misuse/addiction. There is no documentation of urine testing for compliance of opioid therapy. In addition, the request does not include the frequency for the proposed medication. Given the above, the request is not medically necessary.