MAXIMUS Federal Services

Case Number:	CM14-0029111		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2011
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 & 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 50-year-old female with a reported date of injury of 01/14/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with severe back pain. In addition, the injured worker indicated that the pain radiated into the left ankle, left calf, left foot, left thigh, and right thigh. The injured worker has a history of carpal tunnel release in 1990 and back surgery in 2001. The documents were not available for review. Upon physical examination, the injured worker's lumbar spine evaluation revealed normal posture, lower extremity muscle tone was normal, and increase paraspinous tone. The lumbar range of motion was revealed as extension with severe restriction, flexion with moderate restriction, and lateral bending with moderate restriction. The clinical note indicated that bilateral lower extremity strength was normal. According to the clinical documentation dated 01/29/2014, the injured worker had a lumbar x-ray on 05/31/2011 which revealed multilevel degenerative changes with no evidence of dynamic instability. The lumbar MRI dated 01/27/2012 revealed multilevel degenerative disease, broad-based posterior herniation of L2-3 disc, and a small broad-based posterior herniated of L3-4. The documentation related to previous physical therapy or conservative care was not provided within the clinical information available for review. The injured worker's diagnoses included facet arthropathy, neck pain, chronic pain, radiculopathy in the thoracic and lumbosacral spine, hypertension, degenerative disc disease of the lumbar spine, psychosexual dysfunction, opiate type dependence, myalgia and myositis unspecified, obesity, low back pain, depression, gastroesophageal reflux disease, lack of sleep, and headaches and failed back surgery syndrome of the lumbar. The injured worker's medication regimen included Cymbalta, hydrocodone, and morphine sulfate. The Request for Authorization for a prescription for morphine sulfate 60 mg #60 and 1 prescription for

hydrocodone/acetaminophen 10/325 mg was submitted on 03/07/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Morphine Sulfate 60 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The clinical note dated 10/07/2013 as well as the clinical note dated 01/29/2014 indicate the injured worker's back pain is severe and is worsening. There is a lack of documentation related to ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The therapeutic benefit of the ongoing utilization of morphine sulfate is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for 1 prescription for morphine sulfate 60 mg #60 is not medically necessary.

1 Prescription for Hydrocodone/Acetaminophen 10 mg/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The clinical note dated 10/07/2013 as well as the clinical note dated 01/29/2014 indicate the injured worker's back pain is severe and is worsening. There is a lack of documentation related to ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The therapeutic benefit of the ongoing utilization of morphine sulfate is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for 1 prescription for hydrocodone/acetaminophen 10/325 mg #60 is not medically necessary.