

Case Number:	CM14-0046518		
Date Assigned:	07/02/2014	Date of Injury:	08/31/1987
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 55-year-old male with a reported injury on 08/31/1987. The mechanism of injury was not provided. The injured worker's diagnoses consisted of chronic pain syndrome, status post back surgery, and chronic lumbar radiculopathy. Prior treatments included medications. The injured worker had an examination on 05/19/2014 as a follow-up regarding his pain management. Upon examination, it was noted that his lumbar spine range of motion was limited but painful, and that facet-loading test was painful bilaterally but the straight leg raise was negative bilaterally. The thoracic spine examination range of motion was limited but painful as well and his strength was a 5/5 bilaterally. Range of motion was within functional limits in the bilateral lower extremities. There was not a urine drug screen test provided for review. His medication list included MS Contin, Morphine Sulfate, Naproxen, and Catapres. The recommended plan of treatment was continue his medications. It was noted that he did try to wean himself down off his morphine and after his withdrawal symptoms improved, he did notice significantly more low back pain. The injured worker then went back to his previous dose and noticed a significant improvement. The physician noted that he would benefit from a consultation with an addiction specialist. The physician indicated the injured worker did not display any aberrant behavior. The Request for Authorization was signed and dated for 05/19/2014. The rationale was due to chronic pain syndrome and due to chronic lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg, XR, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

Decision rationale: The request for MS Contin 100mg XR is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted that he did try to wean himself down off his morphine and after his withdrawal symptoms improved, he did notice significantly more low back pain. The injured worker then went back to his previous dose and noticed a significant improvement. The physician noted that he would benefit from a consultation with an addiction specialist; however, the physician indicated the injured worker did not display any aberrant behavior. There were not any complaints of side effects and the side effects were not discussed in the examination. There is a lack of evidence and documentation of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was not a urine drug screen provided to monitor for aberrant behaviors and compliance with the medication regimen. The California MTUS Guidelines recommend the dosing not exceed 120mg oral morphine equivalents per day. Per the documentation, the injured worker is prescribed this medication every 8 hours. In combination with other opioid medications, the injured worker's daily morphine intake is 330 mg, which exceeds the recommended daily intake of 120mg. Therefore, the request for the MS Contin is not medically necessary.

Morphine Sulfate IR 30 mg, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 77, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86, 124.

Decision rationale: The request for morphine sulfate IR 30mg, #20 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since 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. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted that he did try to wean himself down off his morphine and after his withdrawal symptoms improved, he did notice significantly more low back pain. The injured worker then went back to his previous dose and noticed a significant improvement. The physician noted that he would benefit from a consultation with an addiction specialist; however, the physician indicated the injured worker did not display any aberrant behavior. There were not any complaints of side effects and the side effects were not discussed in the examination. There is a lack of evidence and documentation of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was not a urine drug screen provided to monitor for aberrant behaviors and compliance with the medication regimen. The California MTUS Guidelines recommend the dosing not exceed 120mg oral morphine equivalents per day. Per the documentation, the injured worker is prescribed this medication to be taken once daily as needed for severe pain. In combination with other opioid medications, the injured worker's daily morphine intake is 330mg, which exceeds the recommended daily intake of 120. Therefore, the request for morphine sulfate IR 30mg, #20 is not medically necessary.