

Case Number:	CM14-0046552		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2002
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
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 and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old who reported an injury on October 7, 2012 due to a slip and fall while carrying a heavy ladder. On June 10, 2014 the injured worker presented with back pain. Current medications include MS Contin and oxycodone. The diagnoses were degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, lumbar postlaminectomy syndrome and pain self management deficit. There was no physical examination done at this time. The provider discontinued Opana and added morphine because the injured worker was unable to afford out of pocket pay. The provider recommended morphine ER 100 mg and oxycodone 30 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 100 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective assessment in function, objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 100 mg oral morphine equivalents per day. There is lack of evidence of an objective improvement in function, objective decrease in pain and additionally, the cumulative dosing of all opiates exceed 100 mg of oral morphine equivalents per day. As such, the request for Morphine ER 100 mg, ninety count is not medically necessary or appropriate.

Oxycodone 30 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 78 Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective assessment in function, objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 100 mg oral morphine equivalents per day. There is lack of evidence of an objective improvement in function, objective decrease in pain and additionally, the cumulative dosing of all opiates exceed 100 mg of oral morphine equivalents per day. As such, the request for Oxycodone 30 mg, 180 count, is not medically necessary or appropriate.