

Case Number:	CM14-0053465		
Date Assigned:	07/07/2014	Date of Injury:	03/29/1996
Decision Date:	12/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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 Internal Medicine 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 (IW) is a 57-year-old man with a date of injury of March 29, 1996. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated February 26, 2014, the IW is being followed for chronic mild mid and low back pain that radiates down both legs. He has groin pain, right hip, and left knee pain. The IW describes the pain as being worse and is becoming less manageable. Medications are the only thing that keeps him stable. Physical examination reveals loss of lordosis. Range of motion is less than 50% of expected. The right low muscles were tense and tender. The IW is requesting refills. He reports taking medications as prescribed. He has not requested early refills of medications. He has signed a controlled substance agreement and has undergone a random urine drug screening. TENS was not helpful. Acupuncture won't be done because of his complicated history with staph. Lidoderm patches, heat and ice helped somewhat. The chiropractor "won't touch" him, and massage was not helpful. The IW has been diagnosed with lumbar disc disease; thoracic or lumbosacral neuritis or radiculitis unspecified; pain in joint lower leg, knee; sacroiliitis; and post laminectomy lumbar region syndrome. Current medications include Lactulose 10gm/15ml, Lidocaine 5% patch, Senna 15mg, Soma 350mg, Lunesta 3mg, Norco 10/325mg, and Morphine ER 30mg. Treatment plan includes: refill Morphine, continue other medications and return for follow-up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg, tablet extended release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine ER 30 mg tablet extended release is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for mid and low back pain that radiates down to the legs in addition to pain in the groin, right hip and left knee. The injured worker's documentation first notes Morphine ER 30 mg in a progress note from February 26, 2014. At the time of the request, although random drug screening was present in the medical record, there was no functional objective improvement or measurable efficacy from its prior use. Additionally, there was no risk profile performed with documentation of low risk versus intermediate versus high risk of drug misuse or abuse. Consequently, Morphine ER 30 mg is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Morphine ER 30 mg is not medically necessary.