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| Case Number: | CM14-0053929 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/27/2001 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

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 Nevada. 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 records presented for review indicate that this 48 year-old male was reportedly injured on 4/27/2001. The mechanism of injury is noted as lifting a 50 lb. mail bag. The most recent progress notes dated 2/18/2014, 5/8/2014, and 7/8/2014 indicate that there are ongoing complaints of chronic low back pain with radiation to the left lower extremity. The injured worker has been able to return to work after restarting Kadian 50 mg twice a day and takes Vicoprofen one to 2 tabs 2 to 3 times a day for breakthrough pain. Physical examination demonstrated mild to moderate pain over lumbar paraspinal muscles; range of motion: flexion 90, extension 30; motor strength 5/5 bilaterally; sensation decreased to light touch in the L5 distribution; left Patella/Achilles deep tendon reflexes 1/4; positive straight leg raise on the left. No diagnostic imaging studies available for review. Previous treatment includes lumbar injections, therapy, acupuncture, home exercise program and medications. A request had been made for Morphine Sulfate ER 50 mg #60 and was not certified in the utilization review on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 75, 78, 93 of 127.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Review of new medical records after the previous utilization review, shows that the claimant missed work due to an increase in back pain when taken off his long-acting opiate. Since restarting Kadian (Morphine Sulfate ER), the claimant has been able to return to work. This request is considered medical necessary.