MAXIMUS Federal Services

Case Number:	CM14-0059876		
Date Assigned:	07/09/2014	Date of Injury:	01/14/2004
Decision Date:	09/05/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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 patient is 62-year-old male who has submitted a claim for left sacroiliac joint pain, sacroiliac joint arthropathy, central disc protrusion at L3-4, right paracentral disc protrusion at L4-5, lumbar facet joint arthropathy, lumbar degenerative disc disease, cervical facet joint arthropathy and cervical degenerative disc disease associated from an industrial injury date of January 14, 2004. Medical records from 2010- were reviewed, the latest of which dated May 27, 2014 revealed that the patient complains of bilateral low back pain radiating to the buttock, left worse than right. The pain is exacerbated by prolonged sitting, prolonged standing, lifting, twisting, driving, activities, lying down, coughing, sneezing and bearing down. The pain is relieved by pain medications. On physical examination, there is tenderness of the lumbar paraspinal muscles and left sacroiliac joint sulcus. Bilateral lower extremity range of motion was restricted by pain in all directions. Lumbar range of motion was restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Sustained hip flexion was positive bilaterally. Gaenslen's, Patrick's maneuver, Yeoman's, pressure at the sacral sulcus and shear were positive on the left. Treatment to date has included right L4-5 and L5-S1 transforaminal epidural steroid injection (5/3/11), TENS, physical therapy, and medications, which include Percocet, Norco, Dilaudid, OxyContin, Neurontin, Dendracin, Theramine, Celebrex, Flexeril, Ultram, Relafen, Topamax, Suboxone, Lyrica, Ambien and Morphine Sulfate. Utilization review from April 28, 2014 denied the request for Morphine Sulfate IR 15 mg, QTY: 120 because the patient has a long history of daily opioid use and there was never any evidence of any significant pain relief or significant functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15 mg, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 6, Page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on morphine sulfate since February 2014 for pain control. There was documentation of 50% pain relief and 50% functional improvement with morphine sulfate use. Also, the urine drug screening is consistent with prescribed drugs. The patient has been compliant and his CURES report has been consistent. Guideline criteria were met. Therefore, the request for Morphine Sulfate IR 15 mg, QTY: 120 is medically necessary.