

Case Number:	CM14-0071645		
Date Assigned:	08/08/2014	Date of Injury:	06/15/1999
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/18/2014

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, Pain 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 is a 57-year-old male who reported an injury of unknown mechanism on 06/15/1999. On 04/16/2014, his diagnoses included lumbar disc displacement, lumbar facet arthropathy, failed lumbar back surgery syndrome, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, history of failed intrathecal pump implantation, chronic pain, other, opioid dependence, continuous, anticoagulation therapy, long term, diabetes type I with unspecified complications, hypertension unspecified, hypothyroidism, and history of pulmonary embolism/on Coumadin. His medications included morphine sulfate ER 80 mg, morphine sulfate instant release 30 mg, alprostadil powder 100%, amitriptyline 50 mg, Cialis 5 mg, clindamycin 1% gel, dextroamphetamine 10 mg, diazepam 5 mg, electrodiagnostic exam 20 mcg kit, fluocinolone 0.01 mg, glipizide 5 mg, Levothyroxine 15 mcg, lisinopril 10 mg, Nitro-Bid 2% ointment, nitroglycerin 2% ointment, Omnitrope 5 mg/1.5 mL, Paroxetine 20 mg, Retin-A 0.1% cream, tretinoin 0.01% gel, triamcinolone cream, 0.1%, Warfarin 5 mg, and zolpidem 5 mg. The rationale for the requested morphine was that since this worker had considerable persistent pain with negative impact on function and had failed more conservative treatment, the prescribing physician believed that this worker should be authorized for the medications as requested. There were no flags of potential abuse and the opioid medications had been effective in maintenance of function. The note further stated that this worker's medication profile represented a careful titration/adjustment of opioids over many months. His current medications along with the opioids allowed him to maintain basic levels of self ADL and functioning at home. This was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining MSIR 30mg #70 0 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Remaining MSIR 30mg #70 0 Refills is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Long term use may result in immunological or endocrine problems. Long term use of opioids in someone with a diagnosis of diabetes should be done judiciously. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation, including side effects, failed trials of NSAIDs, or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. This worker was taking more than 1 opioid medication. Without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Remaining MSIR 30mg #70 0 Refills is not medically necessary.

Morphine Sulfate ER 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Morphine Sulfate ER 60mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Long term use may result in immunological or endocrine problems. Long term use of opioids in someone with a diagnosis of diabetes should be done judiciously. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation, including side effects, failed trials of NSAIDs, or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. This worker was taking more than 1 opioid medication. Without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Morphine Sulfate ER 60mg #90 is not medically necessary.