

Case Number:	CM14-0089934		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2003
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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:

This is a 36-year-old male with a 9/17/03 date of injury. The mechanism of injury was not provided. According to a progress report dated 4/28/14, the patient complained of low back pain. The pain radiates down the bilateral lower extremities. The pain is aggravated by activity and walking. His pain is rated as 6/10 in intensity with medication and 10/10 in intensity without medications. The patient's pain is reported as worsened since his last visit. Objective findings: slow gait, spasm noted in the bilateral paraspinous musculature, tenderness was noted upon palpation bilaterally in the paravertebral area and bilaterally in the buttock, ROM of the lumbar spine was moderately limited secondary to pain, pain was significantly increased with flexion and extension and rotation, sensory exam showed decreased sensitivity to touch. Diagnostic impression: lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, chronic pain, anxiety, morbid obesity. Treatment to date includes medication management and activity modification. A UR decision dated 5/15/14 modified the request for Morphine Sulfate ER 30 mg. from 60 tablets to 36 tablets for weaning purposes. The rationale for modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #60: 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 Opioids
Page(s): 78-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment 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. There is no documentation of functional improvement of improved activities of daily living in the reports reviewed. In fact it is documented in a 4/28/14 progress note that the patient's pain has worsened since his last visit. In addition, in several of the reports provided, the patient reported his pain as unchanged. The patient also reported that his activities of daily living are limited in the following areas: self-care and hygiene, activity, ambulation, sleep and sex. Furthermore, there is documentation in the reports reviewed that the patient has had urine drug screens done, however, there is no documentation of the results. The results of the urine drug screens were not provided for review. Therefore, the request for Morphine Sulfate ER 30 mg #60 was not medically necessary.