MAXIMUS Federal Services

Case Number:	CM14-0125527		
Date Assigned:	08/11/2014	Date of Injury:	03/11/2010
Decision Date:	07/02/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male who sustained an industrial injury on 03/11/2010. The injured worker was diagnosed with lumbar disc displacement without myelopathy, lumbar spinal stenosis, post laminectomy syndrome and depression. The injured worker is status post lumbar and thoracic fusion in 1997 in [redacted], lumbar fusion and discectomy L5-S1 in 2012 and spinal cord stimulator (SCS) implant in 2012. Treatment to date includes diagnostic testing, surgery, spinal cord stimulator (SCS), physical therapy, psychological evaluation, Cognitive Behavioral Therapy (CBT), home exercise program and medications. According to the primary treating physician's progress report on July 1, 2014, the injured worker continues to experience low back pain but notices an improvement in the lower extremity with the spinal cord stimulator (SCS) implant. The injured worker also reported a fall and scraping his left knee. The injured worker rates his pain level at 8-9/10 without medications. With Morphine Sulfate the pain decreases to 7/10 and with Norco in addition to the Morphine Sulfate his pain level goes to a 5-6/10. Examination demonstrated normal muscle tone without atrophy or edema in the bilateral upper and lower extremities. There was spasm and guarding of the lumbar spine with negative straight leg raise bilaterally. The injured worker utilizes a cane for ambulation. Current medications are listed as Morphine Sulfate 15 ER, Morphine Sulfate 30mg ER, Naproxen, Hydrocodone, Gabapentin, Fluoxetine and Pantoprazole. Treatment plan consists of continuing with medications and the current request for two safety rails for the bathtub and by the toilet and Morphine Sulfate ER 30mg renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 safety rails for the bathtub and by the toilet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Shower grab bars.

Decision rationale: Regarding the request for safety rails, CA MTUS does not address the issue. ODG cites that grab bars are considered a self-help device, not primarily medical in nature. Within the documentation available for review, the patient is noted to ambulate with assistance from a cane, but no additional current information is provided in that regard and the physical exam findings do not identify any significant weakness or other issue to support the use of safety rails despite the recommendations of the guidelines. In light of the above issues, the currently requested safety rails are not medically necessary.

Morphine Sulfate ER 30mg #60: Upheld

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

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): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for morphine sulfate ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. However, there is no current discussion regarding appropriate medication usage and aberrant behaviors. Furthermore, the documentation suggests that the patient currently has enough medication for a few months. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested morphine sulfate ER is not medically necessary.