

Case Number:	CM14-0186680		
Date Assigned:	11/14/2014	Date of Injury:	03/18/2008
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management 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 a 46-year-old male with an injury date of 03/18/08. Based on the 02/05/14 progress report, the patient complains of back pain rated 6/10 that radiates to his left lower extremity. Physical examination to the lumbar spine revealed tenderness to palpation and myospasm from L3-4 to the lumbosacral junction. Range of motion was limited. Provider report dated 02/15/14 states that the combination of Kadian and Percocet provide effective pain relief. The patient stopped using spinal cord stimulator which was implanted in 2010 because it was firing inappropriately. Medications help him with walking, sitting, standing, and getting around. Per provider report dated 08/06/14, pain is rated 5/10 with and 8/10 without medications. The patient had only a mild constipation, otherwise no other adverse effects. Per progress report dated 10/01/14, provider states in treatment section that the patient met the 4A's of analgesia, activity level, no adverse reactions and aberrant behavior. No urine drug testing was found in review of medical records. Diagnoses 10/01/14- Chronic lumbar and left lower limb pain secondary to L5S1 disc herniation- Post laminectomy failed back pain with epidural fibrosis- S/P spinal cord stimulator implant 2010- Chronic pain syndrome- Muscle spasm pain. The request is for Morphine Sulfate capsule 20mg ER, 1 q8 #90. The utilization review determination being challenged is dated 10/22/14. The rationale is "...guidelines do not support using two opioid medications concurrently." Treatment reports are provided from 04/02/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate capsule 20mg ER, 1 Q8 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with back pain rated 6/10 that radiates to his left lower extremity. The request is for Morphine Sulfate capsule 20mg ER, 1 Q8 #90. His diagnoses dated 10/01/14 include chronic lumbar and left lower limb pain, post laminectomy failed back pain with epidural fibrosis, and s/p spinal cord stimulator implant 2010. According to the 02/05/14, he stopped using the stimulator due to malfunctioning. According to the 10/01/14 report, the patient ran out of morphine for about a month and he had increased Percocet and Ibuprofen use to control his pain. Provider report dated 02/15/14 states that the combination of Kadian and Percocet provide effective pain relief. The patient stopped using spinal cord stimulator which was implanted in 2010 because it was firing inappropriately. Medications help him with walking, sitting, standing, and getting around. Per provider report dated 08/06/14, pain is rated 5/10 with and 8/10 without medications. The patient had only a mild constipation, otherwise no other adverse effects. No urine drug testing was found in review of medical records. Patient has been taking Morphine since progress report dated 02/05/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 10/01/14, provider states in treatment section that the patient met the 4A's for analgesia, activity level, no adverse reactions and aberrant behavior. However, provider does not discuss how Morphine significantly improves the patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.