

Case Number:	CM14-0190774		
Date Assigned:	11/24/2014	Date of Injury:	02/12/2003
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 with a date of injury on 2/12/03. Results of the injury include muscle spasms of the low back and neuropathic pain in bilateral lower extremities. Diagnosis included chronic and persistent low back pain, status post L4-S1 interbody fusion on February 17, 2006, ninth rib fracture, resolved, hypertension, industrial causation, headaches, bilateral carpal tunnel syndrome, and severe depression. Treatment modalities include Kadian, Percocet, Lyrica, omeprazole, Laxacin, Lidoderm patches), prescribed by another office provider (Cymbalta, Abilify, Trazodone, Procardia, Tramadol), six aquatic physical therapy sessions with improvement in pain, range of motion, and strength, a functional restoration program, and psychiatric care. Progress report dated November 4, 2014 noted tenderness to palpation from L2-S1 and mild paraspinous muscular tenderness with a one plus spasm. There was also a positive straight leg raise on the left. Treatment plan included temperpedic mattress as well as lumbar support, home exercise program, and a request was made for Morphine ER for baseline pain control. Utilization review form dated October 17, 2014 non-certified morphine sulfate 20mg, #60 due to lack of compliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic only morphine sulfate 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Opiates are also prescribed by multiple offices. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive deterioration. The Generic only morphine sulfate 20mg, #60 is not medically necessary and appropriate.