

Case Number:	CM14-0197761		
Date Assigned:	12/08/2014	Date of Injury:	10/23/2009
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine 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 50-year-old female with a date of injury of 10/23/2009. According to progress report dated 11/07/2014, the patient presents with low back pain with right lower extremity pain and intermittent muscle spasms. The patient's current pain is 8/10. The patient is requesting stronger dose of Tramadol or for stronger medication. She has changed from Norco to Tramadol on a recent visit and reports that the Norco helped her better with her pain. She is also utilizing morphine sulfate as her pain medication and denies any side effects. The patient's worst pain is 10/10, least pain is 7/10 and usual pain is 8/10. It was noted that narcotic agreement was signed and dated on 10/10/2011. Under narcotic agreement compliance, it was noted the patient reported lost morphine prescription on 02/05/2014 and obtained prescription from another physician. The patient's current medication regimen includes Morphine Sulfate CR 15 mg, Cyclobenzaprine, Benazepril HCL, Simvastatin, and Tramadol. Examination of the lumbar spine revealed flattening of the normal lumbar lordosis. There is positive straight leg raise on the right. Tenderness was noted in the right lumbar facets. The listed diagnoses are: Chronic pain syndrome; Disk displacement with radiculitis, lumbar; Lumbosacral spondylosis without myelopathy; Adjustment disorder with mixed anxiety and depressed mood; Obesity; Persistent disorder of initiating or maintaining sleep and Asthma. The provider is requesting a refill of medications and notes that the patient is using medications appropriately to stay active and maintain functionality. It was noted that pill counts are done at every visit and urine toxicology screening and CURES reports are done at regular intervals. This is a request for morphine sulfate CR 15 mg #60. The utilization review denied the request on 11/20/2014. Treatment reports from 08/30/2013 through 11/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89 and 78.

Decision rationale: This patient presents with chronic pain and the current request is for morphine sulfate CR 15 mg #60. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing morphine sulfate since at least 08/30/2013. Progress report dated 05/06/2014 notes the patient's pain is currently 7/10 on the pain scale. She is asking for an increase of her Norco and also utilizing morphine sulfate. She denies side effects from her pain medications. Worst pain is 10/10. Least pain is 7/10. Usual pain is 8/10. According to progress report dated 08/12/2014, the patient reports "she still complains that she has a lot of breakthrough pain in the middle of day even with the use of morphine sulfate and Norco." Worst, least, and usual pain was noted. On 09/25/2014, the patient was taken off of Norco, which was replaced by Tramadol. On 11/07/2014, the patient reported an increase in pain and was requesting an increase in dosage with Tramadol or to be placed back on Norco. It was noted the patient was continuing to utilize morphine sulfate. In this case, recommendation for further use of morphine sulfate cannot be supported as the treating physician has provided no discussion regarding functional improvement or changes in ADLs with long-term opiate use. The patient has a history of aberrant behaviors including inconsistent UDS and lost medications. In this case, it appears despite multiple opioid regimens, the patient continues to complain of worsening of pain and continually notes for an increase in medication intake. Given the lack of discussion regarding functional improvement, changes in work status or quality of life changes, the requested morphine sulfate is not medically necessary.

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