

Case Number:	CM14-0200377		
Date Assigned:	12/10/2014	Date of Injury:	08/26/2010
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 39 year old male who was injured on 8/26/2010. He was diagnosed with lumbar pain, lumbar facet joint arthropathy, and lumbosacral neuritis. He was treated with surgery (lumbar), medications (including various opioids), and physical therapy. On 9/15/14, the worker, was seen by his orthopedic physician reporting low back pain levels rated 7-8/10 on the pain scale while taking the following medications: Flexeril, Norco, Tramadol, Naproxen, and Metformin. Soon afterwards, on 10/29/14, the worker was seen by his pain management physician for an initial consultation, reporting persistent low back pain rated 7/10 on the pain scale since his injury. He reported taking Naprosyn and Metformin. He reported using in the past Flexeril, Norco, Ultram ER, and OxyContin. Physical examination revealed BMI 36, tenderness of the lumbar paraspinal muscles, negative straight leg raise, and normal sensation and strength. He was then recommended lumbar facet medial branch block, morphine sulfate IR, and a drug screen test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence to suggest the worker did not have significant reduction in pain with his previous trials of opioids (tramadol, Norco), rating his pain at 7-8/10 with the use of these medications and 7/10 on the pain scale with only Naprosyn and no opioids. Also, no significant evidence was present in the documents suggesting the previous opioids produced a measurable functional benefit. Therefore, the morphine sulfate seems unlikely to help this worker in the long-term with his chronic pain and is not medically necessary.