

Case Number:	CM14-0208142		
Date Assigned:	12/22/2014	Date of Injury:	10/25/1999
Decision Date:	02/18/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/12/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56-year-old man who sustained a work related injury on October 25, 1999. Subsequently, he developed chronic low back pain. According to the progress report dated November 19, 2014, the patient noted slight increase in symptoms due to the cold weather. He continued to complain of low back pain with left lower extremity neuropathic pain, which he described as burning and electrical. He remained symptomatic with numbness affecting the right thigh. He admitted to lower extremity weakness when he is up on his feet for prolonged periods of time. The patient rated the level of his pain as a 9-10/10 without medications and 5-8/10 with medications. The patient was approved for electrodiagnostic studies of the lower extremities. The patient has undergone lumbar fusion from L4 through S1. There has been a recommendation to extend the fusion to L3-L4. The patient stated his last epidural injection received aggravated symptoms; however, previous injections appeared to be beneficial. The patient continues with Morphine ER for baseline pain relief in addition to Norco for moderate-to-severe breakthrough pain. He is also taking Meloxicam and Omeprazole. Exam of the lumbar spine revealed bilateral lumbar paraspinous tenderness with 1+ muscle spasms. There were no palpable circumscribed trigger bands palpated. Range of motion was restricted with flexion at 40 degrees, extension at 15 degrees, right lateral flexion at 15 degrees, and left lateral flexion at 15 degrees. There was positive straight leg raise at 30 degrees on the left. Muscle testing revealed: anterior tibialis left 4/5 and right 5/5, peroneus longus/brevis left 4/5 and right 5/5, and extensor hallucis longus left 4/5 and right 5/5. Sensory exam revealed hypesthesia over the left posterior and lateral thigh, the lateral aspect of the left foot, and the dorsum of the left foot. There was allodynia detected over

the lateral and dorsal aspect of the left foot. Patellar reflex was 2+ and symmetrical bilaterally. Achilles reflex trace on the left and 1+ on the right. The patient was diagnosed with chronic low back pain status post L4-L5 and L5-S1 posterior lumbar interbody fusion on January 19, 2001 with removal of fusion hardware on November 14, 2003, lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, left greater than right, adhesive arachnoiditis at L4-L5, mild central spinal stenosis L3, diffuse degenerative hypertrophic facet arthropathy from L1 to L4 (per lumbar MRI done on July 29, 2014, reactionary depression, and failed spinal cord stimulator trial on April 26, 2007. The provider requested authorization for Morphine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 15 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, the patient's low back complaints and symptoms seem not improving despite the use of Morphine ER. In fact, in November 2014 progress report, the patient admitted to lower extremity weakness when he is up on his feet for prolonged periods of time. Therefore, the request for prescription of Morphine Sulfate ER 15mg #90 is not medically necessary.