

Case Number:	CM15-0001634		
Date Assigned:	01/12/2015	Date of Injury:	12/17/2003
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 12/17/2003 due to an unspecified mechanism of injury. On 02/20/2014, he presented for a follow-up evaluation. It was noted that he complained of increasing low back pain radiating to the bilateral lower extremities and increasing cervical spine pain radiating into the bilateral upper extremities. He reported that his medications improved his function. An examination showed that he had normal speech and affect and a slow, steady gait. He had moderate tenderness to palpation of the lumbar spine, tenderness to palpation at the left hip, and moderate tenderness of the cervical paraspinal muscles, and the muscle spasms were noted. He was diagnosed with low back pain, lumbar spine HNP, and cervical spine pain. The treatment plan was for hydromorphone 4 mg #90 and morphine sulfate ER 100 mg #120. The Request for Authorization was signed on 02/24/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessments should show current pain, least reported pain over the period since the last assessment, average pain, duration of pain after taking the opioid, and how long pain relief lasts. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral upper and lower extremities, as well as the low back and cervical spine. However, there is a lack of documentation showing objective evidence of functional improvement, as well as a proper pain assessment to support the request for continuing this medication. In addition, no official urine drug screens or CURES reports were provided for review to validate the injured worker has been compliant with his medication regimen. Furthermore, the frequency of the medication was not provided within the request. Given the above, the request is not medically necessary.

Morphine Sulfate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 86, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessments should show current pain, least reported pain over the period since the last assessment, average pain, duration of pain after taking the opioid, and how long pain relief lasts. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral upper and lower extremities, as well as the low back and cervical spine. However, there is a lack of documentation showing objective evidence of functional improvement, as well as a proper pain assessment to support the request for continuing this medication. In addition, no official urine drug screens or CURES reports were provided for review to validate the injured worker has been compliant with his medication regimen. Furthermore, the frequency of the medication was not provided within the request. Given the above, the request is not medically necessary.