

Case Number:	CM15-0004610		
Date Assigned:	01/15/2015	Date of Injury:	02/23/2009
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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

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 54 year old female, who sustained an industrial injury on February 23, 2009. She has reported an injury to her coccyx, lower back and thoracic spine. The diagnoses have included lumbar disc disease, thoracic sprain, lumbar radiculopathy and coccyx fracture. Treatment to date has included was not discussed at length in the documentation provided for review. Currently, the injured worker reports tenderness of the coccyx and sacrum. She had bilateral tenderness and spasms of L3-5 paraspinal muscles and is tender over the entire spine including thoracic, cervical and lumbar spine. The injured worker exhibited pain with extension of the back, localizing to the lumbar facet joints. She uses a four-week walker for ambulation. The injured worker reported that with her current regimen is has become more functional than ever and was able to grocery shop twice during the month. On December 26, 2014 Utilization Review non-certified a request for Morphine Sulfate 30 mg ER #150, noting that the guidelines do not recommend the use of Opioids for long-term care of chronic low back pain and there was no documentation or rationale the requested medication is required for the treatment of the industrial injury of 3/23/2009. The California Medical Treatment Utilization Schedule is cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Morphine Sulfate 30 mg ER #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine SUL 30mg ER quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with tenderness over the entire spine, including cervical, thoracic, lumbar, sacrum and coccyx. The request is for MORPHINE SUL 30 MG ER QUANTITY 150. Physical examination to the lumbar spine on 10/26/14 revealed tenderness to palpation of the L3-5 paraspinal muscles bilaterally and bilateral decreased sensation at L4-S1 distribution. Range of motion was decreased, especially on extension 20 degrees. Patient ambulates with a 4 wheel walker. Per 10/26/14 progress report, patient's medications include Beclofen and Topiramate. Patient is disabled. MTUS Guidelines pages 88 and 89 states, "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. MTUS pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, treater has not discussed how Morphine SUL significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Urine analysis test dated 09/22/14 was inconclusive as it did not include results for opioids. Furthermore, the 4A's have not been properly addressed. There are no discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc.. No UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.