

Case Number:	CM15-0007645		
Date Assigned:	01/26/2015	Date of Injury:	07/13/2005
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 07/13/2005. She has reported low back pain. The diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy, and lumbar spondylosis. Treatment to date has listed medications including Norco, Morphine ER, Naproxen, Omeprazole, Soma, Ambien, and topical patches. A progress note from the treating physician, dated 11/11/2014, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain which radiates to the bilateral lower extremities to the feet, with numbness; pain is sharp and aggravated by cold weather and bending; pain is reduced with medications including Morphine ER, Norco, and topical patches. Objective findings included paraspinal tenderness; decreased range of motion in the lumbar spine; decreased sensation and numbness in both legs; and pain with lower back rotational range of motion. The treatment plan has included continuation/ prescriptions for medications including Morphine ER, Ambien, Norco, Omeprazole, Naproxen Sodium, and Zanaflex; and follow-up evaluation in four weeks. She has had a urine drug toxicology report on 5/27/14 that was positive for hydrocodone and Morphine and on 8/19/14, 12/22/13, 1/25/14 and 2/26/14 that was inconsistent and negative for hydrocodone and Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids Page(s):.

Decision rationale: Request: Morphine 15mg #90. Morphine 15mg #90 is an opioid analgesic. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are, The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. She has had a urine drug toxicology report on 5/27/14 that was positive for hydrocodone and Morphine and on 8/19/14, 12/22/13, 1/25/14 and 2/26/14 that was inconsistent and negative for hydrocodone and Morphine. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Morphine 15mg #90 is not established for this patient.