

Case Number:	CM15-0108659		
Date Assigned:	06/15/2015	Date of Injury:	03/07/1993
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, 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 58 year old male, who sustained an industrial injury on 3/7/1993. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc radiculopathy, status post lumbar laminectomy and depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/7/2015, the injured worker complains of low back pain that radiated to the right greater than left lower extremities and poor sleep quality. Physical examination showed lumbar tenderness and decreased muscle spasms. The treating physician is requesting MS Contin 100 mg #60 and Morphine Sulfate 30 mg SR #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg, quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: MS Contin contains long-acting Morphine. Morphine is not 1st line for back pain or nerve root problems. In addition, the guidelines do not recommend exceeding a 120 mg limit of daily Morphine. The claimant's combined dose of MSContin and Morphine exceeded this amount. The claimant had been on MSContin for several months without routine documentation of pain score response. Weaning attempt was not noted or failure of other 1st line medications. The continued use of MSContin is not medically necessary.

Morphine sulfate 30mg SR, quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Morphine is not 1st line for back pain or nerve root problems. In addition, the guidelines do not recommend exceeding a 120 mg limit of daily Morphine. The claimant's combined dose of MSContin and Morphine exceeded this amount. The claimant had been on Morphine for several months without routine documentation of pain score response. Weaning attempt was not noted or failure of other 1st line medications. The continued use of MSContin is not medically necessary.