

Case Number:	CM15-0010579		
Date Assigned:	01/28/2015	Date of Injury:	10/11/2006
Decision Date:	04/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Pennsylvania, Ohio, 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 40-year-old male who sustained an industrial injury on 10/11/2006. The injured worker is reporting ongoing back pain. Diagnoses include chronic back pain with a history of lumbar sprain/strain with left leg sciatic symptoms. Magnetic Resonance Imaging revealed a disc herniation at L5-S1 entrapping the left S1 nerve root. Treatment to date has included medications, epidural steroid injections, and aqua therapy. A physician progress note dated 12/11/2014 documents the injured worker has back pain that is sharp, stabbing and into his left leg. He reports a 50 % reduction in pain with his medications. He has limited range of motion in the lower back. He ambulates with a limp. There is 4/5 weakness in the left thigh flexion, knee extension and great toe extension. Palpation reveals rigidity in the lumbar trunk suggesting muscle spasm. Treatment requested is for Morphine IR 30mg, #90. On 12/22/2014 Utilization Review non-certified the request for Morphine IR 30mg, #90, and the treating physician has noted that this product is reduced to the 15mg preparation in a tapering fashion. Cited was the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.