

Case Number:	CM15-0013665		
Date Assigned:	02/13/2015	Date of Injury:	09/27/2004
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/23/2015

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 32-year-old male who reported an injury on 09/27/2004. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar disc displacement without myelopathy, depression, degeneration of lumbar disc, lumbar spinal stenosis, and cervical disc displacement. The latest physician progress report submitted for review is documented on 02/02/2015. The injured worker presented for a follow-up evaluation regarding low back pain. It was noted that the injured worker had completed 6 sessions of chiropractic therapy. The injured worker was utilizing Metamucil powder, Senokot tablet, docusate 100 mg, morphine sulfate 30 mg, tizanidine 4 mg, Topamax 25 mg, Abilify 30 mg, Cymbalta 60 mg, and Geodon 20 mg. The injured worker reported anxiety, depression, and hallucinations. Upon examination of the lumbar spine, there was spasm and guarding noted. There was no evidence of atrophy in the upper or lower extremities. There was also no edema or tenderness palpated in any extremity. Recommendations included an MRI of the lumbar spine, 6 additional sessions of chiropractic therapy, a psychiatric follow-up visit, and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized morphine sulfate ER 30 mg since at least 09/2014. There is no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.