

Case Number:	CM15-0130386		
Date Assigned:	07/16/2015	Date of Injury:	10/18/2012
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 10/18/2012. Diagnoses include lumbar disc displacement without myelopathy and sleep disturbance. Treatment to date has included conservative measures including diagnostics and medication including Morphine, Norco, omeprazole and Ambien. Per the Primary Treating Physician's Progress Report dated 5/07/2015 the injured worker reported low back pain, and left and right lower extremity pain. He rated the pain as 3/10 in severity currently and up to 7-9/10 without medication. Medications are helping and he tolerates them well with no side effects. Physical examination of the lumbar spine revealed loss of normal lordosis with straightening of the spine. There was restricted range of motion and positive lumbar facet loading on both sides. Straight leg raise was positive on both sides at 90 degrees in the sitting position and there was tenderness noted over the sacroiliac spine. Range of motion was decreased with pain in both knees. The plan of care included opioid pain medication and authorization was requested for morphine sulfate caps 30mg #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Cap 30mg ER #90 Supply: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of morphine sulfate nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement or appropriate medication use. Per progress report dated 6/5/15, it was noted that medication side effects included abdominal pain and stomach upset and flu-like symptoms. It was noted that morphine sulfate caps were to be discontinued and replaced with Norco. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been adequately addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation notes that a UDS was performed 2/12/15, however, results were not available for review. CURES was not available. There was no documentation of functional improvement, evidence of side effects, and furthermore it was noted that this medication was to be discontinued. As such, the request is not medically necessary.