

Case Number:	CM15-0146096		
Date Assigned:	08/06/2015	Date of Injury:	04/26/2008
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 55 year old female, who sustained an industrial injury on 4-26-2008. The mechanism of injury was picking upper body dressing a client from the ground. The injured worker was diagnosed as having lumbar pain and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In progress notes dated 5-12-2015 and 4-1-2015, the injured worker complains of lumbar pain. Physical examination showed thoracic tenderness, lumbar muscle spasm and painful range of motion. The treating physician is requesting Kadian 30 mg (Morphine Sulfate) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30 mg morphine sulfate qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 55 year old patient presents with lumbar pain and chronic pain syndrome, as per progress report dated 05/12/15. The request is for KADIAN 30 mg MORPHINE SULFATE QTY: 1. The RFA for the case is dated 05/12/15, and the patient's date of injury is 04/26/08. Medications, as per progress report dated 04/01/15, included Morphine sulfate, Kadian, Bupirone, Fluticasone propionate, Albuterol sulfate, Valerian root, Gabapentin, Aspirin, Ibuprofen, Amlodipine, Venlafaxine, Diclofenac, Simvastatin, and Budesonide. Diagnoses, as per progress report dated 02/03/15, included chronic pain syndrome, lumbar radicular pain, lumbar pain, and sacroiliac joint dysfunction. The patient has been allowed to return to modified work, as per progress report dated 05/12/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Kadian is first noted in progress report dated 04/01/15. Prior progress report dated 02/03/15 documents the use of Morphine sulfate. It appears that the patient has been using opioids for several months. In report dated 04/03/15, the treater states that "Patient denies any side effects from their current medications. Patient feels that medications are very effective and has allowed more activity to be accomplished." There is no aberrant behavior, as per the report. The treater, however, does not use a pain scale to demonstrate reduction in pain due to opioids nor does the treater provide specific examples that indicate improvement in function. No prior UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, for continued opioid use. MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.