

Case Number:	CM15-0146572		
Date Assigned:	08/07/2015	Date of Injury:	10/21/2001
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old female, who sustained an industrial injury on 10-21-01. She reported injury to her lower back related to lifting a heavy box. The injured worker was diagnosed as having lumbar disc displacement, post lumbar laminectomy syndrome and neuralgia and radiculitis. Treatment to date has included physical therapy and several lumbar x-rays. Current medications include Cymbalta, Fentanyl patches, Gabapentin, Oxycodone, Trazodone and Morphine Sulfate since at least 1-15-15. On 1-15-15 the injured worker rated her pain a 9 out 10 with medications and a 10 out of 10 without medications. As of the PR2 dated 4-13-15, the injured worker reports pain in her lower back, right shoulder and bilateral lower extremities. She rates her pain 10 out of 10 without medications and 4 out of 10 with medications. Objective findings include an antalgic gait and decreased lumbar range of motions. The treating physician requested Morphine Sulfate ER 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids, dosing, Weaning of Medications Page(s): 8, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86. Decision based on Non-MTUS Citation MS Contin Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for right shoulder, low back, and bilateral lower extremity radicular pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with improved activities including self-care and recreation and with improved sleep. When seen, there was an antalgic gait with use of a cane. There was decreased lumbar spine range of motion. She had difficulty when transitioning from a seated to standing position. Extended release morphine and Oxycodone were prescribed at a total MED (morphine equivalent dose) of over 200 mg per day. Extended release morphine was being taken on an as needed basis for pain two times per day. When requested, current medications listed also included fentanyl at a 50 g dose. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and it is unclear whether transdermal fentanyl is also actively being prescribed. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Additionally, accepted extended release morphine dosing is regular administration at 12 or 8 hour intervals. It is not taken on an as needed basis. In this case, it is not being prescribed correctly and cannot be considered medically necessary for this reason as well.