

Case Number:	CM15-0149942		
Date Assigned:	08/13/2015	Date of Injury:	10/24/2013
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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 34-year-old male, who sustained an industrial injury on 10-24-2013. Work status is not noted in recent medical records. Current diagnoses include thoracic herniated nucleus pulposus and multilevel thoracic spine degenerative disc disease and degenerative joint disease. Treatment and diagnostics to date has included epidural steroid injections, use of H-wave, and medications. Current medications include Norco and Soma. In a progress note dated 07-02-2015, the injured worker reported back and leg pain. Objective findings included tenderness to thoracic spine, thoracic and lumbar paraspinal spasms, and decreased lumbar spine range of motion. The treating physician reported requesting authorization for MS (Morphine Sulfate) ER (Extended Release).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS ER 20mg #60: Overturned

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

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 MTUS Guidelines state, that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. Guidelines also requires documentation of the 4A's (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 Guidelines, regarding opioids for chronic pain, state the following 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. MTUS Guidelines state that before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The patient is diagnosed with thoracic herniated nucleus pulposus and multilevel thoracic spine degenerative disc disease and degenerative joint disease. The utilization review letter states that the patient wanted change of medications MS ER 20 mg BID and Soma, and no Norco has been previously taking Norco, Opana IR, and Percocet without benefit. A trial of MS ER may be appropriate, given the patient's history of opioid use, and to provide some analgesia. For ongoing use of this medication, the treating provider will need to provide documentation of pain and functional improvement including the 4 A's going forward. The current requested MS ER is medically necessary.