

Case Number:	CM15-0161439		
Date Assigned:	08/27/2015	Date of Injury:	01/31/2003
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 was a 52 year old male, who sustained an industrial injury, January 31, 2003. The injured worker previously received the following treatments Klonopin, Kadian, Endocet, Abilify, Percocet, Nucynta, MS Contin and Oxycodone. The injured worker was diagnosed with chronic lumbar post laminectomy syndrome chronic thoracic and or lumbar radiculopathy and or radiculitis and chronic sacroilitis, post laminectomy syndrome, sacroilitis, thoracic or lumbosacral neuritis or radiculitis and opioid dependency. According to progress note of June 4, 2015, the injured worker's chief complaint was back pain. The injured worker reported the symptoms a chronic and fairly controlled. The use of medications improved the injured workers quality of life and increased the injured worker's overall daily functionality. The injured worker reported a greater than 50% relief of the pain with medications. The physical exam noted lower extremity weakness, gait disturbance, numbness in the lower extremity with neuropathy. There was limited range pf motion of the lumbar spine flexion, extension and lateral bending with severe restriction. The straight leg raises were positive on the left and the right. The injured worker walked with a left leg limp. There was tenderness with spinous, paraspinous S1 joint, lumbar motion, stability motion was with pain in the buttocks. The treatment plan included prescriptions for Morphine Sulfate and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for morphine sulfate ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested morphine sulfate ER is medically necessary.

Oxycodone 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Oxycodone is medically necessary.