

Case Number:	CM15-0180013		
Date Assigned:	09/21/2015	Date of Injury:	10/14/2010
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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 40 year old male, who sustained an industrial injury on 10-14-2010. The injured worker was diagnosed lumbar post-laminectomy syndrome. The request for authorization is for: one prescription of Morphine Sulfate ER 15mg #60. The UR dated 9-3-2015: modified certification of one prescription of Morphine Sulfate ER 15mg #45. On 8-19-2015, he reported starting Morphine approximately one week earlier and having increased drowsiness and irritability since. On 8-24-2015, he reported back and leg pain and that since starting Morphine he had developed right knee pain. He indicated that Morphine makes him "very sleepy and he was afraid he would fall asleep driving". Physical examination revealed non- abnormal gait, no spasm or guarding of the low back and a negative straight leg raise test. His current medications include: Lyrica, Trazodone, Ibuprofen and Morphine Sulfate 30mg which was decreased to Morphine Sulfate ER 15mg on this visit. His work status is reported as permanent and stationary. The records indicate he has been utilizing opioids since at least January 2013, possibly longer. The records do not discuss his current level of pain with or without the use of opioids. There is no discussion regarding the efficacy of the Morphine, and no discussion of his current functional status. The treatment and diagnostic testing to date has included: medications, spinal cord stimulator (2012), lumbar surgery (2011), functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 ER 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 or functional status improvement. 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 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. UDS dated 6/29/15 was positive for hydrocodone. The medical records indicate that the injured worker has been treated with opioids since at least 1/2013, most recently with norco. It was noted that morphine makes him "very sleepy and he was afraid he would fall asleep driving." As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.