

Case Number:	CM15-0183880		
Date Assigned:	09/24/2015	Date of Injury:	01/29/1996
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female, who sustained an industrial injury on 1-29-96. The injured worker was diagnosed as having low back pain, lumbar spondylosis and muscle spasms. The physical exam (3-9-15 through 6-1-15) revealed 3-6 out of 10 pain and "moderate" tenderness in the lumbar spine. Current medications include Gabapentin, Amrix, Oxycodone and Morphine Sulfate (since at least 3-9-15). As of the PR2 dated 7-27-15, the injured worker reports residual low back pain with radiation to the bilateral lower extremities. She rates her pain 3 out of 10 and a 70% overall improvement in pain with current medications. Objective findings include "moderate" tenderness in the lumbar spine with spasms. The treating physician requested Oxycodone 30mg #150 and Morphine sulfate ER 60mg #60. On 7-29-15 the treating physician requested a Utilization Review for Oxycodone 30mg #150 and Morphine sulfate ER 60mg #60. The Utilization Review dated 9-2-15, modified the request for Oxycodone 30mg #150 and Morphine sulfate ER 60mg #60 to Oxycodone 30mg #100 and Morphine sulfate ER 60mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg, 150 count: 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 for chronic pain, Opioids, dosing.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 86, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the documentation from 8/24/15 does support some improvement of pain and function as a result of the pain regimen. However, the current dosing plan exceeds that recommended by the MTUS guidelines for daily morphine equivalents. Therefore the request is not medically necessary.

Morphine Sulfate ER 60 mg, sixty count: 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, dosing.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 86, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the documentation from 8/24/15 does support some improvement of pain and function as a result of the pain regimen. However, the current dosing plan exceeds that recommended by the MTUS guidelines for daily morphine equivalents. Therefore the request is not medically necessary.