

Case Number:	CM15-0183926		
Date Assigned:	09/24/2015	Date of Injury:	11/12/1996
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
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: California, Oregon, Washington
 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 39 year old male who sustained an industrial injury on 11-12-96. He is working full time. The medical records indicate that the injured worker is being treated for cervical pain; low back pain; disc disorder lumbar; chronic pain syndrome. He currently (8-26-15) complains of neck, upper back, low back and left knee pain. His pain level is unchanged from previous visit at 5 out of 10. His pain score with medications is 3-4 out of 10 and without medications is 7-8 out of 10. His pain level has remained consistent since 7-30-14 at about 4 out of 10. His sleep quality and activities of daily living are unchanged. The provider indicates no evidence of developing medication dependency or medication abuse. The injured worker reports 50-70% pain reduction with pain medication. On physical exam of the lumbar spine there was tenderness over the lumbar paraspinal muscles. He was treated with medications: Morphine Sulphate, the 7-30-14 note indicates that the injured worker is on an opioid but the name is not present, he has been on Morphine Sulphate since at least 3-25-15); home exercise program. No other treatments were present. The request for authorization dated 9-9-15 was for Morphine Sulfate ER 15mg 2 twice per day #120 per 30 days. On 9-18-15 Utilization Review non-certified the request for Morphine Sulfate ER 15mg 2 tablets twice per day #120 for 30 days and certified Morphine Sulfate ER 15mg 2 tablets twice per day #60 for 30 days be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #120, for thirty days, as an outpatient: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/30/14. Therefore, the determination is for non-certification.