

Case Number:	CM15-0187508		
Date Assigned:	09/29/2015	Date of Injury:	09/07/2012
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

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 is a 41 year old male, who sustained an industrial injury on 9-7-12. The documentation on 9-1-15 noted that the injured worker has complaints of low back pain radiating down both legs post laminectomy L4-L5 right side. The documentation noted that he had went to the emergency department for severe pain and subsequently was admitted to the hospital for a total of 4 days and was started on methadone which caused severe dysphoria. The injured worker stated he was overdoses and describes a situation where apparently he had an apneic episode and required ambu bag ventilation, however no records yet from the hospitalization on 9-1-15. The injured worker rates his worst pain a 10 out of 10 and least pain is an 8 out of ten. Straight leg raise positive bilaterally for lower back pain for radicular pain and diffuse tenderness bilaterally. There is restricted and painful, very limited lower pain. The diagnoses have included post laminectomy syndrome, lumbar. Treatment to date has included caudal epidural injections; lumbar epidural steroid injection; post-laminectomy; percocet; MS contin; gabapentin; duloxetine; naprosyn and tizanidine. Magnetic resonance imaging (MRI) from June 2015 showed severe central stenosis at L2-3 and L3 for above the levels of his right hemilaminectomy. The original utilization review (9-15-15) non-certified the request for morphine sulfate 15mg 1 tab by mouth every 4 hours as needed maximum 2 a day for 30 days #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg 1 tab p.o Q4h PRN max 2/day for 30 days #60 with 1 refill: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2012 when, while delivering freight and using a lift gate, he injured his low back. In April 2013 he underwent an L4/5 laminectomy and discectomy. He continues to be treated for radiating low back pain including a diagnosis of post laminectomy syndrome. He was seen in an Emergency Room on 08/27/15 with intractable back pain. He was discharged on 08/30/15. He was seen again in an Emergency Room on 08/31/15. He had pain rated at 10/10. He was discharged on the same day. On 09/01/15, the requesting provider saw him. His recent Emergency Room visits were reviewed. There had been significant pain relief after a prior caudal epidural injection. He had pain rated at 8-10/10. Physical examination findings included a body mass index of nearly 28. Straight leg raising was positive. There was diffuse lumbar tenderness with positive facet loading. There was decreased and limited lumbar spine range of motion. Medications were continued including MS Contin at the same dose of 30 mg per day. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. It is not prescribed on an as needed basis. Continued prescribing at this dose and with these dosing instructions is not considered medically necessary.