

Case Number:	CM15-0191668		
Date Assigned:	10/05/2015	Date of Injury:	02/23/2007
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 3-23-07. A review of the medical records indicates he is undergoing treatment for multilevel lumbosacral disc injury, right S1 lumbosacral radiculopathy, history of back surgery in 1987 and 1195 with lumbosacral laminectomy and discectomy and fusion at L4, L5, and S1, lumbosacral sprain and strain injury, and a history of L2-L4 decompression and laminectomy with fusion and revision dated 8-27-12. Medical records (8-17-15 to 9-2-15) indicate complaints of low back and bilateral leg pain. The physical exam reveals stiffness of the lower back, as well as back pain, radiating to both legs. Diagnostic studies have included x-rays of the lumbar spine, an MRI of the lumbar spine, urine drug screens, and an "EMG". Treatment has included acupuncture, physical therapy, a home exercise program, and medications. His medications are noted to be "Vicodin and Morphine". The utilization review (9-18-15) includes a request for authorization for Morphine Sulfate ER 30mg #60 and Polyethylene Glycol 3350 17gms per dose #1. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #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): Oral morphine.

Decision rationale: According to the guidelines, Morphine is not 1st line for mechanical or compressive etiologies. In this case, the claimant was on Morphine for an unknown length of time. Failure of other medications were not noted or provided. Pain scores and opioid agreement were not noted. Continued use of Morphine is not justified and not medically necessary.

Polyethylene Glycol 3350 17gram/dose #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on Morphine for an unknown length of time. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Continued use of Polyethylene was not justified and is not medically necessary.