

Case Number:	CM15-0194523		
Date Assigned:	10/08/2015	Date of Injury:	08/28/2001
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male with an industrial injury date of 08-28-2001. Medical record review indicates he is being treated for lumbar stenosis. Subjective complaints (07-13-2015) are documented "an urgent visit due to constant severe pain in his low back radiating to his left hip" with a pain rating of 7 out of 10. Prior treatment notes dated 03-27-2015 and 05-212-2015 document a pain rating of 6 out of 10. Work status (05-22-2015) is documented as "full duty." Objective findings (07-13-2015) included intact motor and sensory with normal gait. "Patient has flare-ups of his low back pain." His medications included Ambien, Norco and Mobic. Prior treatments included Morphine injection 10 mg given at the 05-22-2015 visit. Medical records reviewed do not indicate a description of the pain after the injection. Medical records review does not indicate the presence of urine drug screening, pain contract or drug monitoring. On 09-01-2015 the retrospective request for 1 Morphine 10 mg injection 7/13/2015 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Morphine 10mg injection 7/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2001 injury without new injury, or progressive neurological deterioration. The Retrospective request for 1 Morphine 10mg injection 7/13/2015 is not medically necessary and appropriate.