

Case Number:	CM15-0196998		
Date Assigned:	10/12/2015	Date of Injury:	05/22/2003
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, 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 5-22-2003. Diagnoses include multilevel degenerative disc disease and facet arthropathy, chronic pain, left ankle arthralgia, status post lumbar fusion and removal of hardware on 10/27/2009. Treatments to date include activity modification, physical therapy, acupuncture treatments, chiropractic therapy, and epidural steroid injections and transforaminal steroid injections. On 8-12-15, he complained of ongoing low back pain. Current medications included Ms Contin ER 15mg one every 12 hours (since at least 2-9-15), Percocet 10-325mg, twice daily, Temazepam 15mg 2 tablets before bed, Gabapentin, Lyrica, Motrin, Cymbalta and Flexeril 7.5mg as needed. A pain evaluation completed documented report of decreased pain, increased activity, and improvement in sleep with medication use. The physical examination documented lumbar tenderness, unable to flex secondary to pain, and decreased sensation to bilateral lower extremity. The straight leg raise test was positive on the right side. A urine drug screen was obtained 7-27-15 and noted to be consistent with medication therapy. The plan of care included ongoing medication therapy. The patient sustained the injury due to bending and twisting. Per the note dated 8/21/2015 patient had adverse effects from Morphine and the medication was not helping. The patient had hard to function due to Morphine usage. The patient was not working and had last worked in 2013. The patient's surgical history include bilateral knee and shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Per the note dated 8/21/2015 patient had adverse effects from Morphine and the medication was not helping. The patient was not working and had last worked in 2013. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Morphine Sulfate ER 15mg #60 is not medically necessary or established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.