

Case Number:	CM15-0199106		
Date Assigned:	10/14/2015	Date of Injury:	12/14/2006
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/09/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 12-14-06. The injured worker is being treated for status post positive percutaneous spinal cord stimulator trial, bilateral lumbar radiculopathy, failed back surgery syndrome, L3-4 and L4-5 fusion surgery, lumbar disc protrusion and lumbar stenosis. Urine toxicology report dated 4-9-15 was consistent with medications prescribed. Treatment to date has included lumbar fusion, left shoulder surgery, oral medications including Naproxen, Cyclobenzaprine, Norco, Neurontin, Protonix, Tramadol, Soma, Trazodone, Mirtazapine, Morphine IR 15mg (since at least 4-2015) and Prilosec; topical Terocin lotion; spinal cord stimulator, physical therapy and activity modifications. On 7-17-15, the injured worker complains of bilateral low back pain with radiation to left buttock and bilateral posterior thighs. She has not had any of the prescribed MSIR in more than 30 days due to workman comp issues. She is retired and permanently disabled. Physical exam performed on 7-17-15 revealed tenderness upon palpation of lumbar paraspinal muscles, restricted lower extremity range of motion, restricted lumbar range of motion and decreased sensation in posterior thighs in bilateral legs. The treatment plan included request for morphine sulfate IR 15mg #90 with 3 refills. On 10-7-15 request for Morphine sulfate IR 15mg #90 with 2 refills (#270) was modified to #243.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg, quantity: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: Morphine Sulfate IR 15mg, quantity: 270 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.