

Case Number:	CM15-0199800		
Date Assigned:	10/15/2015	Date of Injury:	03/11/2010
Decision Date:	11/23/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/12/2015

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 45 year old male, who sustained an industrial injury on 3-11-10. Medical records indicate that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome, disorder of coccyx, lumbar disc displacement without myelopathy, psychogenic pain, lumbar degenerative disc disease, lumbar spinal stenosis, cervical disc displacement and depression. The injured worker was noted to be permanent and stationary and is not currently working. On (8-26-15) the injured worker complained of left-sided low back pain, which radiated into the left buttock and left lower extremity. The pain was worse with sitting and standing. The pain was rated 6-7 out of 10 with medications and 10 out of 10 without medications on the visual analogue scale. The injured worker noted that his pain medications allow him to better tolerate walking, standing and to perform self-care activities, family activities and to make his appointments without assistance. The injured worker also noted that with medications his pain is better controlled and he is less depressed. Examination of the lumbar spine revealed tenderness to palpation, spasm, guarding and a decreased range of motion. A FABER (flexion, abduction and external rotation) test, Gaenslen's maneuver and compression tests were positive. Subsequent progress reports (7-1-15 and 6-2-15) indicate that the injured workers pain levels were consistent at 6-7 out of 10 with medications. Treatment and evaluation to date has included medications, CT scan of the lumbar-thoracic spine, x-rays of the lumbar-thoracic spine, coccyx injection, spinal cord stimulator implantation and cognitive behavior therapy. Current medications include Morphine Sulfate ER (since at least August of 2012), Norco, Docusate, Pantoprazole, Metformin and Cymbalta. The current treatment requests are for Morphine Sulfate 15 mg # 30 and Morphine Sulfate 30 mg # 60. The Utilization Review documentation dated 9-12-15 non- certified the request for Morphine Sulfate 15 mg # 30 and modified the request for Morphine Sulfate 30 mg # 30 (original request # 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER (extended release) 30 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, specific drug list, Oral morphine, Opioids, long-term assessment.

Decision rationale: Morphine is controversial for management of non-cancer chronic pain and is not recommended for treatment of chronic pain. In this case, the claimant has been on Morphine for several years and is recently on Norco and NSAIDs as well. There is no mention of weaning or Tricyclic failure. The claimant had persistent high levels of pain for years. The claimant required a spinal cord stimulator despite chronic Morphine use. The continued use of MSER 30 mg is not medically necessary.

Morphine sulfate ER (extended release) 15 mg Qty 30: Upheld

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

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

Decision rationale: Morphine is controversial for management of non-cancer chronic pain and is not recommended for treatment of chronic pain. In this case, the claimant has been on Morphine for several years and is recently on Norco and NSAIDs as well. There is no mention of weaning or Tricyclic failure. The claimant had persistent high levels of pain for years. The claimant required a spinal cord stimulator despite chronic Morphine use. The continued use of MSER 15 mg is not medically necessary.