

Case Number:	CM15-0200131		
Date Assigned:	10/15/2015	Date of Injury:	07/18/1997
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
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: 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:

This is a 59 years old male patient who sustained an industrial injury on 7-18-1997. The diagnoses included chronic low back pain and history of nucleoplasty in 2002. Per the doctor's note dated 10/6/15, he had complaints of ongoing low back pain and wants to increase his morphine sulphate. Per the doctor's note dated 9-8-2015 he had ongoing back pain and stated he was struggling significantly with pain level between 8 out of 10 to 10 out of 10. The provider increased the dosage Morphine to 30mg 3x daily form 15mg 4x daily. The physical exam revealed moving slowly with a cane and had significant tenderness to the lumbar muscles. The medications list includes morphine sulphate, trazodone, clonazepam, lidoderm patch, cymbalta, colace, senna, fortesta and modafinil. His surgical history includes nucleoplasty in 2002. Other therapy done for this injury was not specified in the records provided. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional performance with treatment and no current aberrant risk assessment. The Utilization Review on 10-1-2015 determined non-certification for Morphine Sulfate IR 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 30mg #90: Upheld

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

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

Decision rationale: Morphine sulfate is an opioid analgesic. According to the cited guidelines, "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 the patient has set goals regarding the use of opioid analgesic. The 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 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 objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. A recent urine drug screen report is not specified in the records provided. Response to low potency opioid is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Morphine Sulfate IR 30mg #90 is not medically necessary or established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.