

Case Number:	CM15-0204329		
Date Assigned:	10/21/2015	Date of Injury:	09/23/1999
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old male who sustained an industrial injury on 9-23-99. The medical records indicate that the injured worker was being treated for lumbar degenerative disc disease and central stenosis; opioid dependence; status post total hip replacement on the right. Per the 7-16-15 progress note the injured workers pain has gotten significantly worse over the past 2 to 4 years resulting in him taking a significant amount of morphine to control the pain. He currently (9-2-15) complains of low back, neck and right hip pain with a pain level of 6 out of 10. There was weakness of the left lower extremity with ambulation. The physical exam revealed limited lumbar range of motion in all planes. Medications (per 9-2-15 note) enable him to have some physical function secondary to significant degenerative disc disease, scoliosis and instability of the spine. His average pain level was 5 out of 10 with the worst being 6 out of 10, the least 4 out of 10 and initial 4 out of 10. His pain level was unchanged from 1-9-15 through 9- 2-15. Diagnostics include MRI of the lumbar spine (5-1-15) showing facet arthritis; anterolisthesis of L3-4 and L4-5. Treatments to date include carpal tunnel syndrome braces; medication: Avinza (since at least 9-7-07, MSER), Subutex, Wellbutrin, Miralax, Ambien, Arthrotec. The request for authorization dated 9-16-15 was for MSER (Morphine Sulfate) 60mg #90; MSER 30 mg #90. On 9-23-15 Utilization Review non-certified the requests for MSER (Morphine Sulfate) 60mg #90; MSER 30 mg #90 and modified to #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is noted to have been prescribed morphine chronically, without objective documentation of continued pain relief or functional improvement. Additionally, this medication has previously been approved for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MSER 60mg #90 is determined to not be medically necessary.

MSER 30mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is noted to have been prescribed morphine chronically, without objective documentation of continued pain relief or functional improvement. Additionally, this medication has previously been approved for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MSER 30mg #90 is determined to not be medically necessary.