MAXIMUS Federal Services

Case Number:	CM15-0204499		
Date Assigned:	10/21/2015	Date of Injury:	02/08/2007
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male, who sustained an industrial injury on 02-08-2007. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral disc degeneration, lumbago, lumbar facet syndrome and disc disorder lumbar. Subjective complaints (04-30-2015, 06-25-2015 and 08-20-2015) included low back, right hip and right knee pain that was rated as 10 out of 10 without medications and 6 out of 10 with medications. The duration of pain relief with use was not documented. Objective findings (04-30-2015, 06-25-2015 and 08-20-2015) included decreased range of motion of the lumbar spine due to pain, tenderness of the lumbar paravertebral muscles, positive lumbar facet loading bilaterally and tenderness of the right hip and right knee. Treatment has included Kadian (Morphine) since at least 03-05-2015, Lidoderm patch, Flexeril, Norco, epidural steroid injections, massage therapy, physical therapy and chiropractic therapy. The physician noted that function and activities of daily living improved optimally on current doses of medications, however activity levels were documented as unchanged and there was no evidence of objective functional improvement with use. A utilization review dated 09-30-2015 modified a request for retrospective Morphine Sulfate from 30 mg quantity 100 DOS 08-24-2015 to certification of retrospective Morphine Sulfate 30 mg #50 DOS 08-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine Sulfate 30mg quantity 100 DOS 8-24-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms."Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/20/15. Therefore the determination is not medically necessary.