

Case Number:	CM15-0205208		
Date Assigned:	10/22/2015	Date of Injury:	10/18/2012
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
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: Texas, Florida, 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 53 year old male who sustained an industrial injury on 10-18-12. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement without myelopathy and sleep disturbance not otherwise specified. Subjective complaints (9-4-15) include lower back pain, left and right lower extremity pain, abnormal gait, difficulty ambulating, muscle spasms and numbness and tingling of affected limbs. It is reported medications are less effective, he tolerates the medications well, and that Norco reduces pain from 7 out of 10 to 4 out of 10. It is noted, that without Norco, he cannot get out of bed and back pain and headache prevent him from concentrating. It is reported that he uses Morphine for breakthrough pain. Objective findings (9-4-15) include an antalgic gait, restricted lumbar range of motion, tenderness and tight muscle band on the right, positive straight leg raise on the right, tenderness over the sacroiliac spine, range of motion of both knees restricted by pain, and light touch sensation is decreased over L4, L5, and S1 dermatomes on the right. Work status is noted as total temporary disability. A urine drug screen is reported 6-10-15. Previous treatment includes epidural steroid injection (8-13-13) medications, acupuncture, chiropractic sessions and home exercise. The treatment plan includes restarting Morphine Sulfate 30mg ER daily, Ambien, Norco, and Pantoprazole. The requested treatment of Morphine Sulfate ER 30mg #30 was modified to #15 on 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30 MG #30: Upheld

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

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

Decision rationale: This claimant was injured now three years ago, with lumbar disc displacement without myelopathy and sleep disturbance. Medications were reported to be becoming less effective. The morphine is reportedly used for breakthrough pain. Objective functional improvement, or return to duty, on the regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids;** (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.