MAXIMUS Federal Services

Case Number:	CM15-0207899		
Date Assigned:	10/26/2015	Date of Injury:	07/03/2000
Decision Date:	12/14/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 7-3-2000. A review of medical records indicates the injured worker is being treated for lumbago, postlaminectomy syndrome lumbar, and lumbosacral disc degeneration. Medical records dated 9-3-2015 noted he complains of lower back pain which was described as sharp and throbbing. Pain with medications was 6 out of 10 and without medications was 9 out of 10. Pain was better since the last visit. He was noted as stable on current medication which reduces his pain level and allows him to have a better quality of life. Physical examination noted overall muscle weakness at L5. There was pain to palpation at the midline, paraspinal area, and tenderness to the bilateral facet joint. There was right lower extremity atrophy with S1 dermatome numbness. Treatment has included Avinza, lumbar epidurals, and Morphine ER (Morphine ER since at least 9-3-2015). Utilization review form dated 9-23-2015 noncertified Morphine ER 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

110 tablets of Morphine Extended release 30mg: Overturned

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

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

Decision rationale: The patient presents with lower back pain causing right lower extremity pain and weakness. The current request is for 110 Tablets of Morphine Extended Release 30mg. The treating physician's report dated 09/03/2015 (22B) states; I do not see he has been placed on a weaning program. He is working, stable on current medication, reducing pain level and allowing him to have a better quality of life. His pain without medication is 9/10 and 6/10 with medication. The patient is able to cook, do laundry, shop, bathe, get dress, drive, brush teeth, use the toilet and manage his medications. He has a pain contract on file. No side effects were noted. The physician further notes, Change of medication today. Stop Avinza due to cost and change to MSER 30mg up to 4 a day to start to transition from Avinza. Medical records do not show a history of Morphine ER use. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the physician would like to trial Morphine ER to determine the efficacy in terms of pain relief and functional improvement. The current request is medically necessary.