

Case Number:	CM15-0020366		
Date Assigned:	02/09/2015	Date of Injury:	04/13/2007
Decision Date:	04/03/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

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

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 66-year-old male who reported an injury on 04/13/2007. The injured worker's medical history is significant for depression and severe drug abuse with a progress report dated 11/17/2014, identifying his lower back pain having worsened with radicular symptoms related to the L5-S1 dermatome as decreased sensation on examination and decreased strength of the left lower extremity at 4/5 for the left extensor hallucis longus, tibialis anterior, and peroneals. At that time, he indicated that the morphine sulfate was not controlling his pain with the inclination that it would be increased from 15 mg to 30 mg. However, the requested services at that time for morphine sulfate, Xanax, MS Contin 60 mg, and MS Contin 30 mg had all been declined, as there is no recommendation for long term use of benzodiazepines in regard to the Xanax and weaning was recommended for the other medications to help control the injured worker's habitual narcotic use. A recent examination from 12/15/2014 did not show any significant changes from the injured worker's previous pathology from 11/2014. His overall diagnoses included chronic pain, lumbar spine degenerative disc disease status post discectomy, and opioid dependency. A urine drug screen performed on 11/26/2014 was submitted. However, it was noted that the quantity of the urinalysis was not sufficient for analysis, as the specimen had leaked during transit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 30mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen provided for review to support that the injured worker had been compliant with his medication regimen, ongoing use of the morphine sulfate IR 30 mg #120 cannot be supported. The injured worker's use of opioids exceeds the maximum MED per day as indicated under the guidelines. Additionally, without having a current comprehensive physical examination identifying the injured worker's quantitative level of pain with the use of this medication and identification of functional improvement, the request cannot be supported at this time. As such, the medical necessity has not been established.

Xanax 2mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not supported. Additionally, without having a current urine drug screen provided for review to confirm that the injured worker has been compliant with his medication regimen and without having information regarding the effectiveness of the use of this medication, ongoing use cannot be authorized. As such, the medical necessity has not been established.

MS Contin 60mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen provided for review to support that the injured worker had been compliant with his medication regimen, ongoing use of the MS Contin 60 mg #30 cannot be supported. Additionally, without having a current comprehensive physical examination identifying the injured worker's quantitative level of pain with the use of this medication and identification of

functional improvement, the request cannot be supported at this time. Lastly, the injured worker's use of opioids exceeds the maximum MED per day as indicated under the guidelines. As such, the medical necessity has not been established.

MD Contin 30mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen provided for review to support that the injured worker had been compliant with his medication regimen, ongoing use of the MD Contin 30 mg #30 cannot be supported. Additionally, without having a current comprehensive physical examination identifying the injured worker's quantitative level of pain with the use of this medication and identification of functional improvement, the request cannot be supported at this time. Lastly, the injured worker's use of opioids exceeds the maximum MED per day as indicated under the guidelines. As such, the medical necessity has not been established.