

Case Number:	CM15-0029046		
Date Assigned:	02/23/2015	Date of Injury:	01/14/1999
Decision Date:	04/03/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial related injury on 1/14/99 due to a slip and fall accident. The injured worker had complaints of neck pain, shoulder pain, back pain, and bilateral lower extremity pain. Diagnoses included status post decompression and fusion at L4-S1 complicated by infection, status post removal of hardware, status post revision decompression and discectomy of L3-4, intractable low back pain, anxiety, recurrent disc herniation of L3-4 on the right, degenerative disc and facet disease with stenosis at L1-3, status post permanent implantation of lumbar spinal cord stimulator, carpal tunnel syndrome, arachnoiditis, and failed back syndrome. Treatment included multiple lumbar spine surgeries, 2 caudal epidural steroid injections, and implantation of a spinal cord stimulator. Medication included Morphine Sulfate and MS Contin. The treating physician requested authorization for Morphine Sulfate IR 30mg #120 plus 1 postdated script and MS Contin 100mg #90 plus 1 postdated script. On 2/13/15 the requests were modified or non-certified. Regarding Morphine, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no specific documentation of objective functional gains to support the reported subjective benefits. Therefore the request was non-certified. Regarding MS Contin, the UR physician cited the MTUS guidelines and noted the request was modified to a quantity of 60 to allow an opportunity for submission of evidence of objective function benefit as a result of the medication.

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 plus 1 post dated script: 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): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. Furthermore the guidelines do not recommend exceeding a 120 mg of Morphine equivalent per day. In this case, the claimant's combined dose of MS Contin and Morphine equaled 420 mg daily. The claimant was also given a post-dated script rather than following and filling monthly. The claimant had been on Morphine for over 7 months and had persistent 7/10 pain while on medication vs 10/10 without. There was no progressive improvement indicating tolerance. The continued use of Morphine as above is not medically necessary.

MS Contin 100mg #90 plus 1 post dated script: 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): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. Furthermore the guidelines do not recommend exceeding a 120 mg of Morphine equivalent per day. In this case, the claimant's combined dose of MS Contin and Morphine equaled 420 mg daily. The claimant was also given a post-dated script rather than following and filling monthly. The claimant had been on MS Contin for over 7 months and had persistent 7/10 pain while on medication vs 10/10 without. There was no progressive improvement indicating tolerance. The continued use of MS Contin as above is not medically necessary.