

Case Number:	CM15-0212380		
Date Assigned:	11/02/2015	Date of Injury:	08/07/2007
Decision Date:	12/14/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male who sustained an industrial injury on 08-07-2007. According to the most recent progress report submitted for review and dated 05-21-2015, the injured worker was seen for bilateral lower back pain. Current medications included Morphine Sulfate IR 30mg every day as needed and Lidoderm 5% patch every 12 hours. Objective findings included spasm to the lumbar spine, restricted ranges of motion in all directions in the lumbar spine and tenderness upon palpation of the lumbar paraspinal muscles overlying bilateral L3-S1 facet joints. Lumbar extension was worse than flexion. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength was 5 out of 5 in the lower extremities. Diagnoses included status post fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, status post diagnostic right L4-L5 and right L5-S1 medial branch block, positive diagnostic left medial branch block, positive fluoroscopically guided diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block, facet joint arthropathy from L4 through S1, right paracentral disc protrusion at L5-S1 measuring 5 mm displacing the right S1 nerve root, central disc protrusion with left foraminal stenosis and facet hypertrophy at L5-S1, moderate to severe right L5 neural foraminal stenosis, L5-S1 disc protrusion measuring 5 mm with an annular disc tear, sever L5-S1 left foraminal stenosis flattening the left L5 nerve root, lumbar sprain strain, mild to moderate bony degenerative changes L1 through L4, borderline hypertension and gastrointestinal upset secondary to non-steroidal anti-inflammatory drugs.

Prescriptions were provided for MSIR 30 mg #30 with no refills and Lidoderm 5% patch #30 with no refills. The provider noted that the MSIR provided 60% improvement of the pain and activities of daily living such as self-care and dressing. There were no aberrant behaviors and the previous urine drug screen was consistent. Work status included full-time full duty. Documentation shows use of MSIR (Morphine Sulfate immediate release) since 2014. A urine toxicology report dated 05-27-2015 showed Morphine as the only detected drug. On 10-13-2015, Utilization Review non-certified the request for MSIR (Morphine Sulfate Instant Release) 30 mg #30 x 2 and authorized the request for Lidoderm #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR (Morphine Sulfate Instant Release) 30mg, #30 x2: Upheld

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: This 50 year old male has complained of low back pain since date of injury 8/7/2007. He has been treated with medial branch blocks, radiofrequency ablation, physical therapy and medications to include opioids since at least 05/2015. The current request is for MSIR (Morphine Sulfate Instant Release) 30mg, #30 x2. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of the available medical records and per the MTUS guidelines cited above, MSIR (Morphine Sulfate Instant Release) 30mg, #30 x2 is not indicated as medically necessary.