

Case Number:	CM15-0215657		
Date Assigned:	11/05/2015	Date of Injury:	08/19/2003
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 64 year old woman sustained an industrial injury on 8-19-2003. Diagnoses include lumbar intervertebral disc displacement, lumbar displacement without myelopathy, lumbar intervertebral disc degeneration, degeneration of lumbar disc, lumbar disc displacement, lumbar facet syndrome, sacroiliac ligament sprain-strain, and opioid induced constipation. Treatment has included oral medications including MSER and MSIR. Physician notes dated 9-28-2015 show complaints of low back pain. the physical examination shows lumbosacral range of motion flexion 30 degrees, extension less than 5 degrees, bilateral lateral flexion 5 degrees, and bilateral rotation 5 degrees all with back pain. The worker is able to heel-toe walk with complaints of back pain. Sensation is intact in the bilateral lower extremities. Recommendations include continue MSER, continue MSIR, and follow up in one month. Utilization Review denied a request for MSER on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine.

Decision rationale: Regarding the request for Morphine Sulfate ER, California Pain Medical Treatment Guidelines state that MSER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. In addition, it is unclear if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents when you take in consideration the MSIR. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested MSER 30mg #60 is not medically necessary.