

Case Number:	CM15-0035640		
Date Assigned:	03/04/2015	Date of Injury:	10/19/2004
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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: Massachusetts

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 62 year old female who sustained an industrial injury on 10/19/2004. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, pain in joint-multiple sites, lumbago, myalgia and myositis, spasm of muscle, chronic pain syndrome, and other pain disorders related to psychological factors. Previous treatments included medication management and prior epidural injection. Report dated 03/02/2015 noted that the injured worker presented with complaints that included increasing pain across the back and down both legs with some numbness and occasional weakness. Physical examination was positive for abnormal findings. Current medication regimen includes Avinza, morphine sulfate, Mentholatum pain gel, and Soma. The physician noted that the injured worker has tried multiple medications with no success, the list of failed medications was included in this report. It was further noted that a urine drug screen was also performed on this date of service, but the report was not included for review. Utilization review performed on 02/18/2015 non-certified a prescription for Avinza and morphine sulfate, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 45 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include Avinza and Morphine sulfate at a total MED (morphine equivalent dose) of approximately 120 mg per day. The requesting provider documents medications as providing pain relief. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Avinza is a sustained release formulation that would be used to treat baseline pain which is present in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is approximately 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Avinza was medically necessary.

Morphine sulfate 15 mg #165: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include Avinza and Morphine sulfate at a total MED (morphine equivalent dose) of approximately 120 mg per day. The requesting provider documents medications as providing pain relief. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Morphine sulfate is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is approximately 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of morphine sulfate was medically necessary.