

Case Number:	CM15-0039409		
Date Assigned:	03/09/2015	Date of Injury:	05/12/2005
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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 51 year old male who sustained an industrial injury on 05/12/05. Initial complaints were of pain in the upper and lower back. No initial diagnoses were available in the submitted documentation. Prior treatments include medications, physical therapy, acupuncture, and an ESI. Diagnostic tests were not discussed. In a progress note dated 01/27/15 the treating provider's treatment plan includes a home exercise program, donut pillow, follow-up with a neurologist, and medications to include amitriptyline, Morphine ER, Voltaren gel, and naloxone. Current requested treatments are Morphine ER and naloxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/9/08. He has been treated with epidural steroid injection, acupuncture, physical therapy and medications to include opioids since at least 07/2014. The current request is for morphine. 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 this lack of documentation and failure to adhere to the MTUS guidelines, Morphine is not indicated as medically necessary.

Naloxone 0.4mg/ml Evzio prefilled syringe x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/naloxone.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/9/08. He has been treated with epidural steroid injection, acupuncture, physical therapy and medications to include opioids since at least 07/2014. The current request is for naloxone, a medication used to counteract the effects of opioids. Since morphine is not indicated as medically necessary, naloxone is also not indicated as medically necessary in this patient.