MAXIMUS Federal Services

Case Number:	CM15-0048936		
Date Assigned:	03/20/2015	Date of Injury:	10/01/2008
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female who sustained an industrial injury on 10/01/2008. Current diagnoses include L4-L5 disc herniation with bilateral sciatic symptoms, compression of the bilateral exiting nerve root at L4-L5 level, and disc herniation at L5-S1 level. Previous treatments included medication management, chiropractic treatments, and epidural steroid injection. Previous diagnostic studies included MRI, and CT discography. Initial complaints included feeling a pinch in the low back and could not walk. Report dated 02/17/2015 noted that the injured worker presented with complaints that included severe back pain. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included resuming medication course as this keeps her functional, urine drug screen have been appropriate, and discussed denial of surgery. Medications refilled included methadone, Morphine IR, Latuda, Zoloft, and hydroxyzine. Disputed issue includes immediate release Morphine 15mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; opioids for chronic use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 10/01/2008 and presents with severe back pain. The request is for morphine IR 15 mg #60. The RFA is dated 11/10/2014 and the patient will remain on temporary total disability through 12/30/2014. The patient's work status is not provided. The patient has been taking morphine as early as 07/17/2014. MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after the opioid, time it takes for medication to work, and duration of pain relief. On 08/19/2014, the patient rates her pain as a 9/10, a 4/10 with medications, and a 10/10 without medications. "She reports 50% functional improvement with activities of daily living with the medications versus not taking them at all and 50% reduction in her pain." "Urine drug screens have been appropriate." The 11/06/2014 report states the patient rates her pain as a 9/10, 4/10 with medications, and a 10/10 without medications. "Urine drug screens have been appropriate. Medication course per above, it keeps her functional." The 02/17/2015 report indicates the patient rates her pain as an 8/10, a 4/10 with medications, and a 10/10 without medications. "She reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications. She is under a narcotic contract with our office. Urine drug screens have been appropriate." In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are before-and-after medication usage to document analgesia. However, there are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. The patient does have an opiate agreement form on file and has been consistent with her urine drug screens. In this case, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested morphine IS NOT medically necessary.