

Case Number:	CM15-0053517		
Date Assigned:	04/16/2015	Date of Injury:	09/11/2002
Decision Date:	05/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 54 year old female who sustained an industrial injury on 9/11/2002. Her diagnoses, and/or impressions, include: right-sided cervical radiculitis; chronic low back pain; lumbosacral radiculopathy; status-post 3 lumbar surgeries (2003, 2004 & 2007); neurogenic bladder; bladder neck dyssynergia; long-term opioid use; depressive disorder; reflux esophagitis; drug-induced constipation; and hypothyroidism. Current magnetic resonance imaging studies are not noted. Her treatments have included urine studies; urine toxicology testing; post-void residual testing/ bilateral renal ultrasound; cognitive behavioral therapy; home exercises; and medication management. The progress notes of 1/26/2015, noted complaints that included right upper gluteal region musculoskeletal pain, improved on Morphine; stable radicular back and gluteal pain on Gabapentin; stable mood and pain on Duloxetine; stable and regular bowels on polyethylene glycol; persistent urinary leakage, using 2 pads/day and with stress incontinence with self-catheterization twice daily. The physician's requests for treatments included the continuation of and an additional prescription for, Morphine, which controls her otherwise intractable pain and allows for increased activities of daily living (ADL) and quality of life, to last her 2 months; continuation of Polyethylene glycol for moving her bowels; and the continuation of Tolterodine (Detrol) that helps with her neurogenic bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #84 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that Morphine is recommended for patients with severe pain in the lowest effective dose for the least amount of time after first line analgesics have failed. Opioids should be tapered slowly at 20-50% per week of original dose for patients who are not addicted. In this case, there is documentation of efficacy and functional improvement as well as side effect of constipation. The request for Morphine 30 mg #84 is not medically appropriate and necessary.

Unknown prescription of Polyethylene glycol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The guidelines support use of prophylactic constipation medication when patients are taking opiates. In this case, the patient has been on morphine for a long time struggling with constipation. Although polyethylene glycol is appropriate, the provider has requested an unknown amount of polyethylene glycol. The request for an unknown prescription for polyethylene glycol is not medically appropriate and necessary.

Unknown prescription of tolterodine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing house.

Decision rationale: Guidelines support use of tolterodine for the treatment of urinary incontinence. However, the provider requested an unknown quantity of tolterodine. Thus, the request must be modified to specify the number of tablets requested. The request for unknown prescription for tolterodine is not medically appropriate and necessary.