

Case Number:	CM15-0053554		
Date Assigned:	03/27/2015	Date of Injury:	04/13/2004
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 04/13/2004. As of a progress report dated 02/19/2015, the injured worker reported his back was killing him and that his Morphine had been cut off. Objective findings included: the injured worker was in near tears and was leaning heavily on his cane and refused to sit. He had a back protective stance and did not flex or extend. He turned his entire body except his feet. He was in too much pain to undergo a neurological examination. Impression was noted as severe postlaminectomy syndrome with autonomic nervous system injury secondary to a surgical procedure and with bilateral sciatica. The provider noted that the medications that injured worker was on was recommended by pain medication specialist and his Qualified Medical Examiner. The medication regimen or treatment plan was not in the report. In a report dated 11/20/2014, chronic pain medications included Lidocaine patch, Nexium, Morphine Sulfate ER and Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate extended release (ER) #60, unknown dosage: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-89.

Decision rationale: The California MTUS allows for the use of opioid medication, such as morphine sulfate for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that his pain is subjectively much worse since he's been on less morphine but does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. The original UR decision approved a #30 fill of the Morphine Sulfate in order to continue weaning as previously recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with Morphine Sulfate. Therefore, this request is not medically necessary.

Lidocaine patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or anti-epilepsy drugs, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore, the use of Lidoderm is not medically necessary.