

Case Number:	CM15-0055273		
Date Assigned:	03/30/2015	Date of Injury:	01/10/2007
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 41-year-old male, who sustained an industrial injury on 1/10/2007. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar degenerative joint disease. Lumbar magnetic resonance imaging showed lumbosacral spondylosis. Treatment to date has included epidural steroid injection, exercises and medication management. In progress notes dated 1/27/2015 and 2/24/2015, the injured worker complains of severe pain in the back that was shooting down the left leg. The treating physician is requesting an injection of Morphine and Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: injection of Morphine 10mg with 25mg Phenergan between 2/24/2015 and 2/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids / phenothiazines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Antiemetics, for opioid nausea.

Decision rationale: Based on the 02/24/15 progress report, the patient presents with severe pain in the back that was shooting down the left leg, rated 10/10. The request is for RETRO: INJECTION OF MORPHINE 10MG WITH 25MG PHENERGAN BETWEEN 2/24/15 AND 2/24/15. There is no RFA provided and the date of injury is 01/10/07. The patient has a diagnosis of lumbar degenerative joint disease. Lumbar magnetic resonance imaging showed lumbosacral spondylosis. Physical examination to the back revealed palpable rigidity in the lumbar trunk suggesting muscle spasm. Patient has an antalgic posture. There is sensory loss to light touch and pinprick in the left lateral calf and bottom of the foot. Patient ambulates with a limp. Treatment to date has included epidural steroid injection, exercises and medication management. Medications include Norco. The 02/24/15 report states, "The patient reports 50% reduction in pain and 50% functional improvement with activities of daily living with the medications." The patient has permanent work restrictions. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." ODG-TWC guidelines, Pain chapter for Antiemetics, for opioid nausea, states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." Per 02/24/15 progress report, treater states, "I injected morphine 10mg with 25mg of Phenergan in the right gluteal region. He was observed for 45 minutes. His VAS pain score decreased to a 4/10...Urine drug screens have been appropriate." However, the treater does not mention why I.M. morphine was provided other than for presumed pain. There is currently no discussion among the guidelines supporting in office I.M. use of morphine for chronic pain. The request IS NOT medically necessary.