

Case Number:	CM15-0082789		
Date Assigned:	05/05/2015	Date of Injury:	01/19/2014
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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 45 year old female, who sustained an industrial injury on January 19, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease, lumbar spinal stenosis, arthropathy of lumbar facet joint, spondylolisthesis, and lumbago. Diagnostic studies to date have included an MRI, CT, and x-rays. Treatment to date has included a lumbar transforaminal epidural steroid injection and medications including short-acting and long acting opioids, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 17, 2015, the injured worker complains of continuing low back pain radiating down the posterior thighs to the legs and feet, greater on the left than the right. Associated symptoms include loss of sensation on the lateral left thigh and leg. She takes the short-acting opioid 4 times a day and the long acting opioid 3 times a day. Attempts to decrease her pain medication have resulted in increased pain. Her pain level is generally 6/10 with medication and can be as low as 3/10 with medication when lying down. She is able to perform her activities of daily living with her current opioid medications. She is unable to lean forward over the sink and her pain is aggravated by standing. The physical exam revealed positive bilateral straight leg raise, tenderness over the sacrum, intact patellar and ankle reflexes, and intact sensation, except for absent sensation in the left 1st and 2nd toes and decreased sensation in the left 3rd toe. In the lateral thighs and calves there was 2 point discrimination about 80 mm in the lumbar 4 and lumbar 5 distributions. The requested treatments are Morphine ER 60mg and Morphine 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60 mg: Upheld

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

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

Decision rationale: This 45 year old female has complained of low back pain since date of injury 1/19/14. She has been treated with epidural steroid injections, physical therapy and medications to include opioids since at least 09/2014. The current request is for Morphine ER 60 mg. 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 ER 60 mg is not medically necessary.

Morphine 15 mg: Upheld

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

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

Decision rationale: This 45 year old female has complained of low back pain since date of injury 1/19/14. She has been treated with epidural steroid injections, physical therapy and medications to include opioids since 09/2014. The current request is for Morphine 15 mg. 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 15 mg is not medically necessary.