

Case Number:	CM15-0086928		
Date Assigned:	05/11/2015	Date of Injury:	04/27/2011
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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, Tennessee

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 59 year old male, who sustained an industrial/work injury on 4/27/11. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, cervical radiculopathy, neck pain, degeneration of lumbar intervertebral disc, lumbar facet joint pain, low back pain, degeneration of cervical intervertebral disc, lumbosacral spondylosis without myelopathy, and neck sprain. Treatment to date has included medication, surgery (cervical fusion from C5-T1), lumbar medial branch facet injection (10/2011), and physical therapy. MRI results were reported on 8/8/12 reported multilevel disc disease and degenerative changes of the cervical spine, foraminal narrowing and likely nerve root impingement, central spinal stenosis at C3-4, and C6-7. MRI of 8/17/14 documented L4-5 5 mm broad based posterior disc protrusion, moderate central stenosis, and minimal bilateral foraminal stenosis and at L5-S1 a 3 mm broad based posterior disc protrusion and minimal bilateral foraminal stenosis. X-Rays results were reported on 6/17/13 reported stable C3-C7 laminectomies with well positioned instrumentation. Currently, the injured worker complains of back and neck pain rated 6-7/10 that was exacerbated by sitting and standing for long periods. Lying down and medication ease the pain. Per the primary physician's progress report (PR-2) on 4/13/15, examination revealed limitations with cervical flexion, extension, and lateral rotation to 50% due to myofascial pain and spasm, spasm of the trapezius and levator scapulae muscles, tenderness along the points. Extension causes facet loading pain. On ipsilateral rotation with flexion, there is radicular pain into the arm. Motor function is 5-/5 in bilateral upper extremities. Lumbar flexion is limited at 45 degrees, extension at 15 degrees due

to facet loading pain. Palpation of the lumbar facets also elicits facet tenderness. Straight leg raise is positive at 30 degrees. The requested treatments include Morphine Sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #60, as prescribed on 04/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93, 78-80, 124.

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

Decision rationale: Morphine sulfate ER is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving since Morphine sulfate since December 2014 at least and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the requested treatment is not medically necessary.