

Case Number:	CM14-0005185		
Date Assigned:	01/24/2014	Date of Injury:	12/10/1999
Decision Date:	06/13/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a [REDACTED] employee who has filed a claim for lumbar intervertebral disc displacement associated with an industrial injury of December 10, 1999. Thus far, the patient has been treated with opioids, Topamax, clonazepam, soma, Prilosec, Provigil, physical therapy, TENS, and epidural steroid injections. Of note, patient has had five lumbar surgeries and two cervical surgeries. Review of progress notes indicates that attempts at weaning opioids in the past has made the patient go into a hypertensive crisis. Patient was converted from OxyContin and Dilaudid to morphine, tapering at approximately 10% per month. There has been increasing use of TENS during the weaning process. Patient complains of neck and low back pain radiating to the upper and lower extremities with numbness, tingling, burning, and spasms. Patient also has headaches and experiences withdrawal symptoms including anxiety, flu-like symptoms, malaise, insomnia, chill, and sweats. Findings include cervical and lumbar muscle spasm and tenderness. There is hyperesthesia in the right thumb and radial hand, and biceps and triceps weakness on the right. There is also hypesthesia in the L5 dermatomes bilaterally. Utilization review dated January 06, 2014 indicates that the claims administrator modified a request for morphine ER 60mg #90 for one refill for the purposes of weaning to discontinue, over a weaning period of 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE ER 60MG Q8-12H COUNT #90 FOR WEANING PURPOSES TO DISCONTINUE OVER A PERIOD OF 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 2014 Pain Concomitant, Pain Opioids, Criteria for use When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication for a weaning process since December 2012. Progress note from November 2013 indicates the request for Morphine ER 60mg for #75. Increasing the requested amount to #90 with no significant change in symptoms is not consistent with a weaning process. There is also no documentation as to how much of this medication the patient has been taking in the recent months, given the dosing regimen of twice to thrice a day. Therefore, per the guideline recommendations of CA MTUS the request for morphine ER 60mg #90 is not medically necessary.