

Case Number:	CM14-0102495		
Date Assigned:	07/30/2014	Date of Injury:	06/23/2011
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 31 year-old female who reported a work related injury on 06/23/2011. The mechanism of injury was not provided within the documentation. The injured workers diagnoses consisted of low back, right lower extremity, depression, and anxiety due to chronic pain. The past treatment has included walking and gym exercise. It was noted that a MRI of the lumbar spine in December 2011 revealed a degenerative disk at L5-S1 with bilateral foraminal stenosis and facet arthropathies. Upon examination on 05/21/2014 the injured worker complained of persistent pain to her low back with symptoms that radiated down her right lower extremity. She rated the pain as an 8/10 with medications and a 5/10 without medication on a VAS pain scale. It was noted that there was tenderness to the lumbar paraspinal muscles. The injured workers prescribed medications included Morphine Sulfate, Motrin, Prilosec, Lunesta, Amitriptyline, Gabapentin, and Colace. It was noted that the injured worker was pending authorization to begin a functional restoration program and to get weaned off all narcotics. The treatment plan consisted of a prescription for Morphine Sulfate 30mg #60 and dispensed Lunesta, Neurontin, Motrin, Amitriptyline, and Colace. The rationale for the request and the request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

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

Decision rationale: The request for Morphine Sulfate 30mg #60 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker complained of persistent pain to her low back with symptoms that radiated down her right lower extremity. She rated the pain as an 8/10 with medications and a 5/10 without medication on a VAS pain scale. There is no clear documentation as to functional benefits from chronic use of Morphine if the injured worker is still rating pain as high as a 5. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Morphine, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Morphine Sulfate 30mg #60 cannot be warranted. Within the documentation there was also mention of weaning the injured worker off of narcotic. Since the recommendation, weaning has not taken place. The request for Morphine has the same dose, quantity and frequency as the previous request. Furthermore, there is no indication that the continued use of Morphine would have any benefit to the injured workers pain. As such, the request for Morphine Sulfate 30mg #60 is not medically necessary.