

Case Number:	CM14-0117537		
Date Assigned:	08/06/2014	Date of Injury:	10/23/2009
Decision Date:	10/31/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine 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 records presented for review indicate that this 50-year-old female was reportedly injured on October 23, 2009. The mechanism of injury is reported as cumulative trauma related to the usual and customary duties of her occupation including packing and filing orders that entailed using a foot pedal, for up to six and a half hours per day, to fill bags or bins with flour mill products. She was also required to lift up to 75 pounds and lift 50 pounds overhead. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of low back pain. The injured worker reported she had been going to the acupuncture sessions, that were prescribed on May 6, 2014, and she felt it had provided a benefit to lessening her pain and helping her sleep better. She also had her Norco temporarily increased due to worsening pain. Pain was rated at 9/10 at its worst, 7/10 at its best and 8/10 at its usual rating. The physical examination demonstrated a positive right-sided straight leg raise at 45 degrees. Noted tenderness at the right sided SI joint and numbness along the lateral aspect of the right lower leg. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spinal fusion on January 26, 2012 and she started physical therapy July 30, 2013. She underwent a transforaminal lumbar epidural steroid injection using fluoroscopy at right L5-S1 with a pain reduction of 80% reported following injection. Medications as of this office visit include Morphine Sulfate CR 15mg BID, Norco 10/325mg every six hours as needed for pain, Cyclobenzaprine HCL 10mg once daily for spasm, Benazepril HCL 20mg daily, and Simvastatin 10mg every evening. The injured worker's work status is listed as permanent and stationary at this visit and is currently unemployed. She does report the use of medical marijuana, but denies recreational drug use. Her dosage of Norco was decreased back down from #90 to #60 at this visit. Pill count was performed and a do not fill before warning was added to the injured worker's

prescription for the Morphine Sulfate. A request made for two prescriptions of Morphine Sulfate CR 15 mg and was denied in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Morphine Sulfate CR 15 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine, Opioids Page(s): 63, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores pre and post opioid use, and no indication of significant functional benefit or return to work. The patient continues to report high pain levels averaging 8/10 and has not returned to work. Opioids are not recommended for long term use without documented objective functional benefit and analgesic benefit. Additionally, as ongoing use of opioids requires ongoing review and documentation of benefit, the request for two prescriptions would not be appropriate or supported. Furthermore, the frequency of dosing is not specified in the request. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Therefore, 2 prescriptions of Morphine Sulfate CR 15 mg #60 are not medically necessary.