

Case Number:	CM14-0120144		
Date Assigned:	09/15/2014	Date of Injury:	01/08/1998
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old male smoker who reported an injury due to a twisting motion on 01/08/1998. On 08/06/2012, his diagnoses included post lumbar fusion with persistent axial and radicular pain, and depression as either a primary symptom or secondary to his injury and pain. His medications included MS-Contin, diazepam, Norco and Senna of unknown dosages, Wellbutrin 75 mg and Cymbalta 30 mg. On 07/07/2014 he was noted to have had a recent exacerbation of low back pain. His medications included Cymbalta 60 mg, Norco 10/325 mg, and Oxycodone 50 mg. He stated that his Norco and Oxycodone reduce his pain from 10/10, to 5/10 to 6/10 and allowed him to walk for at least 30 minutes before he had to take a break. Without the medications he would be sitting on his couch or lying in bed all day. It was noted that these medications were improving his pain, function, and quality of life. He had no issues with aberrant behavior, signed an opiate contract and was subjected to random drug screenings. Due to the exacerbation of low back pain, morphine instant release 15 mg was prescribed. The prescription was renewed on 08/04/2014 and on 09/02/2014. A request for authorization dated 09/08/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): pages 74-95..

Decision rationale: The request for Morphine IR 15mg #30 is not medically necessary. The California MTUS Guidelines recommends ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirins or anticonvulsants, or drug screens. Additionally, there was no frequency of administration specified with the request. Since this worker was taking more than one opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Morphine IR 15mg #30 is not medically necessary.