

Case Number:	CM14-0120296		
Date Assigned:	08/29/2014	Date of Injury:	09/23/2007
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency 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:

Patient with reported date of injury on 9/23/2007. Mechanism of injury is claimed to be a lifting injury. Patient has a diagnosis of thoracic and lumbar pain, L L5/S1 radiculopathy, sleep problems, depression, urinary incontinence and decreased libido. Medical reports reviewed. The last report available was 8/26/14; many of the reports are old, with exams and plans done in 2012. Patient complains of low back pain with urinary incontinence. Pain radiates to L leg. Notes bilateral lower extremity, paresthesia and weakness, L side worse than R side. Objective exam reveals decreased sensation to L outer thigh, leg, L great toe and plantar surface of foot. No allodynia or dysaesthesia. Back exam reveals T12 to L2 tenderness with R sacroiliac tenderness. Straight leg raise is positive to 70degrees on L side and 90degrees on R side. Decreased reflexes, noted kyphosis. No recent imaging reports were provided for review. Many of the findings reported were done in 2008 or later. EMG (8/30/12) of bilateral lower extremities were normal. Patient is on Morphine ER 100mg 2times a day, Morphine 60mg as needed, Neurontin, Baclofen, Soma, Norco, Voltaren, Motrin, Lunesta and various supplements. Patient has reportedly had diagnostic lumbar blocks to L5 and S1 in the past with no improvement. Independent Medical Review is for Morphine Sulfate ER 100mg #90 and Morphine Sulfate 60mg #30. Prior UR on 7/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 100 MG QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 76-78.

Decision rationale: Morphine ER is an extended release opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted objective improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. No recent urine drug screens were provided for review. Documentation does not support continued use of opioids. Morphine Sulfate ER is not medically necessary.

MORPHINE SULFATE 60 MG QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 76-78.

Decision rationale: Morphine is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted objective improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. No recent urine drug screens were provided for review. Documentation does not support continued use of opioids. Morphine Sulfate is not medically necessary.