

Case Number:	CM14-0131974		
Date Assigned:	08/22/2014	Date of Injury:	01/23/2010
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Texas. 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 36 year old female injured on 01/23/10 when she squatted to lift a bucket resulting in low back pain. Clinical note dated 08/05/14 indicated the injured worker status post L4 to 5 and L5 to S1 lumbar fusion performed in February of 2013 with improvement in low back and left lower extremity pain. The injured worker complained of low back pain, left leg pain, neck and mid back pain worsening despite conservative care. The injured worker rated pain at 3/10 with associated left lower extremity numbness. Treatment to date included antiinflammatory medications, pain medications, physical therapy, chiropractic epidural steroid injections, and surgical intervention. Physical assessment revealed pain to palpation in the cervical and mid thoracic area with palpable spasms, limited range of motion secondary to pain, 80 percent of range of motion, 5/5 motor strength, normal sensation to light touch to bilateral lower extremities, 2+ deep tendon reflexes, straight leg raise negative bilaterally, and hips nontender with full range of motion. Medications included Oxycontin, Percocet, and Docusate. The initial request for retrospective Morphine Sulfate and Morphine Sulfate was initially noncertified on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Morphine Sulfate 15mg #30 DOS 07/08/2014 and 08/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Retrospective Morphine Sulfate 15 milligrams quantity thirty date of service 07/08/2014 and 08/05/2014 cannot be recommended as medically necessary at this time.

Morphine Sulfate 15mg #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Morphine Sulfate 15 milligrams quantity thirty with two refills cannot be recommended as medically necessary at this time.