

Case Number:	CM14-0149005		
Date Assigned:	09/18/2014	Date of Injury:	02/15/2008
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old woman, with hypertension, who sustained a work-related injury on February 15, 2008. Subsequently, the patient developed chronic low back and knee pain. The patient underwent chondroplasty and meniscectomy in April 2012. In a follow up report dated September 4, 2014, the patient stated she has persistent low back and knee pain. The patient has been responding significantly to epidural injection, 90% pain relief for 2 weeks. She has been approved for a repeat epidural injection. According to a note dated September 8, 2014, the patient was complaining of lower back and bilateral buttock pain. The current medications used at that time included Neurontin and Flexeril and Percocet. Her physical examination the spine examination revealed tenderness upon palpation of the bilateral sacroiliac joint sulcus and lumbar paraspinal muscles. Peripheral pulses are 2+ bilaterally with normal capillary filling. There is a lumbar tenderness with reduced range of motion. Sustained hip flexion was positive bilaterally. The patient neurological examination was normal. The patient was diagnosed with bilateral sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, lumbar degenerative disc disease, and central disc bulge at L4-5. The provider requested authorization to use Morphine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Tab 15mg #120 DS 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules such as prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy the lowest possible dose should be prescribed to improve pain and function and office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Morphine Sulfate is an immediate release opioid used for breakthrough pain. There is no documentation that the patient has a breakthrough pain. There was no documentation of pain relief or functional improvement with a previous use of narcotic. The addition of Morphine sulfate to Percocet and Tramadol is not well justified. Therefore, the request for prescription for Morphine Sul Tab 15mg #120 DS 30 is not medically necessary.