

Case Number:	CM14-0027461		
Date Assigned:	07/23/2014	Date of Injury:	11/28/2007
Decision Date:	08/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with date of injury of 11/27/2007. The listed diagnoses per [REDACTED] dated 01/14/2014 are failed back syndrome and hypogonadism due to narcotics. According to this handwritten progress report, the patient complains of increasing pain and has ache. The patient takes 8 Norco daily and reports that he sleeps better with Oxycodone. He rates his pain 6/10 to 7/10. The objective findings show an MRI fusion of the L5-S1 and anterolisthesis of the L5-S1. There is tenderness in the bilateral lower back. No other findings were noted on this report. The utilization review denied the request on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Tab 100mg ER day supply 30 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with failed back syndrome and hypogonadism. The provider is requesting Morphine 100 mg. For chronic opiate use, the MTUS Guidelines require

specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief last. Furthermore, the 4 As for ongoing monitoring are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records do not show when the patient started taking morphine sulfate tablets. However, the UR letter notes that the patient was first prescribed morphine on 01/14/2014. The patient's current list of medications includes Hydrocodone 10/325 mg, Oxycodone 30 mg, Doculase, Zolpidem, Clonazepam, Lidoderm, and Depo-testosterone. The provider does not document medication efficacy including before and after analgesia, specifics regarding ADLs to denote significant improvement, no mention of quality of life changes and no discussions regarding pain assessments using a numerical scale as required by the MTUS Guidelines. There are no discussions regarding adverse side effects and adverse drug-seeking behavior such as a urine drug screen. It is not known why the patient would be prescribed Morphine in addition to his 2 current opioids. Therefore the request is not medically necessary.