

Case Number:	CM14-0094893		
Date Assigned:	07/25/2014	Date of Injury:	05/26/2010
Decision Date:	09/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 55-year-old with an injury date on 5/26/10. According to progress report 3/14/14, the patient complains of severe constant lumbar pain which shoots down to bilateral lower extremities, with numbness and tingling. The patient rates pain as 7/8-10 on VAS scale, and reports worsening of pain with prolonged sitting, standing and bending. Based on the 3/14/14 progress report provided by [REDACTED] the diagnoses are: failed back surgery syndrome, right-sided L5 lumbar radiculopathy (EMG confirmed), depression (GAF - 60), benign tremors, nonindustrial, past history of alcoholism and substance abuse, and chronic myofascial pain syndrome. Exam on 3/14/14 showed "paravertebral muscle spasm and tenderness in L-spine, with restricted range of motion. Straight-leg raise is positive bilaterally. Diminished sensation to light touch along medial/lateral border of right leg, calf, and foot." [REDACTED] [REDACTED] is requesting one prescription for morphine ER 15mg #120. The utilization review determination being challenged is dated 6/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/17/14 to 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Morphine ER 15mg, #120.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with lower back pain radiating to bilateral legs. The treater is requesting a refill of Morphine ER 15mg #120. Review of the medical file indicates the patient has been taking morphine since 1/17/14. For chronic opioids use, MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS pg. 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which includes Morphine ER, but there are no discussions regarding this medication's efficacy. There are no documentation of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiate management as required by MTUS, recommendation is that this request is not medically necessary.