

Case Number:	CM14-0095391		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2006
Decision Date:	09/22/2014	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 Occupational 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:

This is a 47-year-old male with a 10/18/06 date of injury. The mechanism of injury occurred as a result of cumulative trauma to the lower back area. According to a progress report dated 6/9/14, the patient reported 50% improvement of his low back pain and lower extremity pain since receiving his epidural steroid injection. Objective findings: lumbar ROM restricted by pain in all directions, lumbar discogenic provocative maneuvers were positive, nerve root tension signs were negative bilaterally, and muscle stretch reflexes were symmetric bilaterally in all limbs. Diagnostic impression: right L5-S1 radiculopathy, central L5-S1 and L4-L5 disc protrusion with annular disc tear, central disc protrusion at L3-L4, lumbar degenerative disc disease L4-L5 and L5-S1, lumbar sprain/strain, internal bleeding hemorrhoids. Treatment to date: medication management, activity modification, ESI. A UR decision dated 6/18/14 modified the requests for Morphine Sulfate ER 30 mg from 240 tablets to 60 tablets and Oxycodone 15 mg from 480 tablets to 120 tablets for weaning purposes. The available clinical information does document functional benefit. However, there should be documentation of close monitoring including a pain contract and prescriber data base search.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30 MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that the patient experiences 55% improvement of his around the clock pain with 55% improvement of his activities of daily living with the use of Morphine Sulfate ER 30 mg. The provider stated that the patient has an up to date pain contract and his previous urine drug screen was consistent with no aberrant behaviors. However, this is a request for a 4-month supply of medication, which is excessive. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patient's utilizing chronic opioid therapy. Therefore, the request is not medically necessary and appropriate.

OXYCODONE HCL 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that Oxycodone provides 40% improvement of the patient's breakthrough pain with 40% improvement of his activities of daily living such as self-care and dressing. The provider stated that the patient is on an up to date pain contract and his previous urine drug screen was consistent with no aberrant behaviors. However, there was no quantity noted in this request. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patient's utilizing chronic opioid therapy. Therefore, the request for Oxycodone HCL 15 mg is not medically necessary.