

Case Number:	CM14-0205229		
Date Assigned:	12/17/2014	Date of Injury:	02/26/2008
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Management and is licensed to practice in Tennessee. 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 47-year-old male who has submitted a claim for degenerative disc disease of the thoracic spine, disc extrusion at L4-L5, status post posterior discectomy and fusion at the level of L4-L5, chronic pain syndrome with opioid dependency, chronic low back pain with right lower extremity radiculopathy, and depression associated with an industrial injury date of 2/26/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the lower extremity aggravated by sitting, bending, twisting, lifting and walking. He likewise reported severe anxiety and depression. He continued his opioid medications due to severe pain despite his enrollment in a detoxification program. He reported decreased pain severity from 10/10 to 6/10 with medications. It also allowed him to improve functionally by 30% to 40% in terms of self-care activities, light household chores, meal preparation and grocery shopping. He denies side effects from medications. Urine drug screen from 10/13/2014 also showed consistent result with prescription medications. Physical examination showed paralumbar muscle spasm with positive twitch response, limited lumbar motion, positive straight leg raise test on the right, weakness of right peroneus longus and right extensor hallucis longus rated 4/5, hypesthesia at right S1 dermatome, and trace Achilles reflex on the right. Treatment to date has included L4-L5 laminectomy in 2008, lumbar fusion in 2011, detoxification program from March to April 2014, and medications such as Norco, oxycodone, Dilaudid, Morphine, Soma, clonazepam and quazepam. The utilization review from 11/12/2014 denied the request for morphine IR 15 mg because it was unclear why the patient continued opioid therapy despite having participated in a detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for morphine is unknown. The patient complained of low back pain radiating to the lower extremity aggravated by sitting, bending, twisting, lifting and walking. He underwent a detoxification program from March to April 2014 however the increase in pain severity prompted him to continue opioid therapy. He reported pain relief from 10/10 to 6/10 with medications. It also allowed him to improve functionally by 30% to 40% in terms of self-care activities, light household chores, meal preparation and grocery shopping. He denies side effects from medications. Urine drug screen from 10/13/2014 also showed consistent result with prescription medications. The guideline criteria are met hence the medical necessity for continuing opioid therapy has been established. However, the present request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for morphine IR 15 mg is not medically necessary.