

Case Number:	CM15-0002664		
Date Assigned:	01/13/2015	Date of Injury:	10/18/2012
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old male patient, who sustained an industrial injury on October 18, 2012. He sustained the injury due to slipped and fall incidence. The diagnosis includes lumbar intervertebral disc displacement. Currently, per the note dated 12/3/14, he had complaints of complains of low back pain. The worker had a recent lumbar transforaminal steroid injection, which reduced pain by 50 percent, improved his overall functional ability, improve quality of sleep and reduced use of pain medication. Pain was documented as radiating down his right leg from his lower back. Pain was aggravated by walking for 30 minutes, lifting more than ten pounds and bending over. Medication and rest was reported to relieve pain. Pain was rated a 3-4 on a scale of ten. The medications list includes terocin cream, omeprazole, naproxen, morphine sulphate, norco and vicodin. Treatment to date has included pain medication, steroid injections, and physical therapy, traction and core stabilization exercises. He has had urine drug screen on 7/14/14, 8/7/2014 and 9/30/14 which was positive for hydrocodone and norhydrocodone and inconsistent for morphine. Plan of care included physical therapy and continuation of current treatment plan. On January 2, 2015, the Utilization Review decision non-certified a request for Morphine Sulfate 300mg tablets ER supply 30, quantity 90, noting the ongoing opioid use requires documentation of pain relief, functional status, appropriate medication use and side effects. The documentation did not contain criteria as outlined in the guidelines. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of Morphine Sulfate 300mg tablets ER supply 30, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80.

Decision rationale: Request: Morphine sulfate 30mg #90 Morphine sulfate is an opioid analgesic. According to CA MTUS guidelines cited above, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. He has had urine drug screen on 7/14/14, 8/7/2014 and 9/30/14 which were positive for hydrocodone, norhydrocodone, and inconsistent for morphine. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of Morphine sulfate 30mg #90 is not established for this patient at this time.