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| Case Number: | CM15-0004629 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 03/11/2010 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/06/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 44 year old male, who sustained an industrial injury on March 11, 2010. He has reported chronic low back pain and lower extremity symptoms. The diagnoses have included disorder of the coccyx, unspecified major depression, lumbar disc displacement without myelopathy, anxiety state, degeneration of the lumbar disc, pain psychogenic and syndrome post laminectomy. Treatment to date has included lumbar surgery, home exercise and medication. A CT of the lumbar spine on 10/3/2013 revealed post-surgical findings of posterior fusion at L3-4, L4-5 and L5-S1 with an interspinous metal device at L5-S1. The central canal was patent throughout the lumbar spine with no neural foraminal narrowing. Currently, the injured worker complains of persistent back pain and significant difficulty coping. The injured worker reported using a nonsteroidal anti-inflammatory medication, a proton pump inhibitor, and Prozac for depressions. He is not doing a home exercise program as he feels that exercise exacerbates his pain. On examination the injured worker's gait was antalgic and he had spasm and guarding of the lumbar spine. On December 6, 2014 Utilization Review modified a request for morphine sulfate ER 30 mg #90, noting that weaning of the medication was warranted. The MTUS was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of morphine sulfate ER 30 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine Sulfate Extended Release 30 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing archon accuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are disorder of coccyx, NOS; unspecified major depression, recurrent episode; lumbar disc displacement without myelopathy; anxiety state, NOS; degeneration lumbar/lumbosacral disc; pain psychogenic, NEC; and syndrome postlamiectomy, lumbar. Subjectively, the injured worker complains of persistent back pain and has difficulty coping. Home exercise program is not in effect because exercises exacerbate pain. Objectively, examination of the lumbar spine shows sensation intact light touch and pinprick bilaterally. The documentation shows (according to a psychiatry note dated August 4, 2013) the injured worker has been taking Morphine Sulfate 30 mg PID since at least March 15, 2011. The injured worker's current dosing for Morphine Sulfate is: Morphine Sulfate ER 15 mg (one at noon-time) and Morphine Sulfate ER 30 mg one PO TID. The documentation does not contain evidence of objective functional improvement to gauge efficacy with the ongoing long-term use of morphine sulfate. There are no detailed pain assessments and there are no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing long-term use of Morphine Sulfate, Morphine Sulfate Extended Release 30 mg #90 is not necessary.