

Case Number:	CM15-0100076		
Date Assigned:	06/02/2015	Date of Injury:	04/11/2004
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female who reported an industrial injury on 4/11/2004. Her diagnoses, and/or impressions, are noted to include: chronic neck pain; cervical spondylosis without myelopathy; chronic low back pain; chronic left lumbar radicular pain; long-term use of extended release Morphine for intractable pain; and drug-induced constipation. Recent 4-view x-ray studies of the cervical spine were noted on 1/12/2015 which noted no significant changes in multi-level degeneration. Her treatments have included weight loss; medication management with urine toxicology screenings; and rest from work as she was stated to have met maximum medical improvement on 5/22/2012. The progress notes of 1/26/2015 reported continued chronic and severe, non-radicular, neck pain with popping, cracking and grinding; and persistent, chronic and moderate low back pain. She reported a 50% decrease in pain with the use of her medications, which also allow for her to maintain her activities of daily living. She stated she does not crave her pain medications and that she is moving her bowels daily with the help of polyethylene glycol. The objective findings were noted to include a clear sensorium and normal affect; a neck disability of 60%. The physician's requests for treatments were noted to include the continuation of, and no change in, her daily dose of extended-release Morphine, for the goal of controlling her otherwise intractable pain and to improve her tolerance for activities of daily living and quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. The treating physician documents a 70% reduction in pain with the current medication regime, as well as attempts to slowly wean the patient's opioid dose, which continues to be successful. As such the request for Morphine ER 60 mg #60 is medically necessary.

Morphine ER 15 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. The treating physician documents a 70% reduction in pain with the current medication regime, as well as attempts to slowly wean the patient's opioid dose, which continues to be successful. As such the request for Morphine ER 15 mg #30 is medically necessary.