

Case Number:	CM15-0100532		
Date Assigned:	06/03/2015	Date of Injury:	02/20/2013
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male, who sustained an industrial injury on February 26, 2013 while working as a farm laborer. The injury occurred while the injured worker was cutting heavy steel with a saw. The injured worker experienced low back pain which extended to the right lateral thigh and right foot. The diagnoses have included chronic lumbar sprain/strain, right lower extremity radiculopathy, lumbar spine disc displacement without myelopathy, chronic pain syndrome and discogenic low back pain. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, heat treatments, injections, physical therapy and a home exercise program. Current documentation dated May 5, 2015 notes that the injured worker reported right-sided low back pain which radiated down the lateral aspect of the right leg to the lateral aspect of the upper calf. The pain was characterized as constant, sharp and burning. He also noted occasional numbness in the right lateral leg. The pain was rated a six out of ten on the visual analogue scale with medications. Objective findings included reflexes of zero/four throughout the right and left lower extremity, decreased light touch sensation throughout the right lower extremity and decreased strength at the right hip and right knee. The treating physician's plan of care included a request for Morphine Sulfate ER 30 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER (extended release) 30 mg every 12 hrs for pain, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient's improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. There is no documentation of compliance of the patient with his medication. Therefore, the request for Morphine Sulfate ER 30mg #60 is not medically necessary.