

Case Number:	CM15-0010308		
Date Assigned:	01/27/2015	Date of Injury:	04/20/2004
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on April 20, 2004. She has reported back and hip pain. The diagnoses have included lumbosacral spondylosis, pain in joint pelvis thigh- left hip, acquired spondylolisthesis, joint replaced hip-right and long term use of medications. Treatment to date has included right hip arthroplasty. Currently, the IW complains of chronic low back and hip pain. Treatment includes magnetic resonance imaging (MRI) showing disc protrusion, lumbar epidural steroid injection, planned left hip replacement, and oral medications. The medication list include Morphine, Gabapentin, Trazodone and Tramadol. Per the doctor's note dated 12/22/14 patient had complaints of low back pain. Physical examination revealed 5/5 strength and antalgic gait. The patient's surgical history include total right hip arthroplasty in 2008. The patient has had MRI of the low back that revealed disc protrusion. She has had a urine drug toxicology report on 12/22/14 that was negative for all medications and she was not taking any pain medication from any other office. She has had a urine drug toxicology report on 9/10/14 that was positive for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/22/14) Morphine Sulfate ER 30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Request: Retrospective (DOS 12/22/14) Morphine Sulfate ER 30mg, #60Morphine Sulfate ER is an opioid analgesic. According to CA MTUS guidelines cited below, "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 patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the 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. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS 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. She has had a urine drug toxicology report on 12/22/14 that was negative for all medications. The reason for a negative urine drug screen in a patient who is being prescribed opioids on a long term basis, is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective (DOS 12/22/14) Morphine Sulfate ER 30mg, #60 is not established for this patient.