

Case Number:	CM15-0016051		
Date Assigned:	02/04/2015	Date of Injury:	09/15/2008
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury on 09/15/2008. Diagnoses include L1-S5 lumbar disc protrusion with annular fissure, chronic left sided S1 lumbar radiculopathy, lumbar facet syndrome, chronic myofascial pain syndrome, and history of cocaine and speed use. Treatment to date has included medications, home exercise program, and epidural steroid injections. A physician progress note dated 12/30/2014 documents the injured worker had an increase in pain due to the cold weather. He has low back pain which radiates down the left leg with tingling, numbness and paresthesia. He scores pain as 6-7/10 on Visual Analog Scale (VAS), but under control with medications. There is paravertebral muscle spasm and localized tenderness is present in the lumbosacral spine. Range of motion is limited and there is increased lumbar lordosis. Treatment requested is for Morphine ER 15mg. On 01/06/2015 Utilization Review modified the request for Morphine ER 15mg to Morphine ER 15mg, #60 for one month, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/30/14 progress report provided by the treating physician, the patient presents with low back pain rated 6-7/10, with muscle spasm with shooting pain down the left leg with tingling, numbness and parasthesia. The request is for Morphine ER 15mg bid . The patients medications include Morphine ER, Protonix, and Neurontin. The patient underwent a lumbar epidural steroid injection on 10/15/14 . The patient currently works part-time. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Morphine ER has been included in patient's medications, per progress reports dated 09/02/14, 10/21/14, and 12/30/14. Per progress report dated 12/30/14, the treater says 'as currently his pain is manageable with medications, he would continue Morphine ER 15mg PO BID. In this case, treater has not stated how Morphine ER reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Patient has returned to part-time work, which does show improvement in function. The patient has a history of cocaine and speed use, per diagnosis on 12/30/14. However, treater has not discussed aberrant behavior, nor documented opioid pain agreement or CURES reports. There are no specific discussions regarding adverse reactions, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.