

Case Number:	CM15-0110738		
Date Assigned:	06/17/2015	Date of Injury:	05/09/2001
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 55 year old female, who sustained an industrial injury on 5/9/01. She reported pain in her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, chronic regional pain syndrome of the right lower extremity and depression. Treatment to date has included psychiatric treatments, a spinal cord stimulator, lumbar epidural injections and an EMG study. Current medications include Morphine (since at least 6/21/14), Valium, Fentanyl, Zolpidem, Effexor, Protonix, Norco, Soma, Fentanyl (pump), Dilaudid (pump) and Bupivacaine (pump). As of the PR2 dated 5/4/15, the injured worker reports increased lower back pain and bilateral leg pain and neuropathy. She reports benefit from pain pump and uses spinal cord stimulator daily. Objective findings include tenderness over the lower lumbar segments, a negative straight leg raise test and bilateral sacroiliac joint tenderness. The treating physician requested Morphine IR 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR (immediate release) 30mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The pain medical progress report dated 5/4/2015 documented complaints of low back pain with bilateral leg pain and neuropathy. Date of injury was 05-09-2001. Pump refill was performed on 5/4/15. Medications included Fentanyl 100 mcg/hr patch, Morphine IR 30 mg tablet 30 days #180, and Norco 10/325 mg tablet 30 days #240. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. The patient's opioid regimen exceeds the MTUS recommended limit of 120 mg morphine equivalents per day, and is not supported by MTUS guidelines. Therefore, the request for Morphine is not medically necessary.