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| Case Number: | CM15-0111787 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 08/19/2003 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/27/2015 |
| 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: Arizona, 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 51-year-old female with an industrial injury dated 09/19/2003. The mechanism of injury is documented as carrying approximately 150 pounds when she felt a sudden "pop" in her back. Diagnoses included lumbar disk displacement, degeneration lumbar disk, facet syndrome - lumbar, sacroiliac ligament sprain/strain and opioid-induced constipation. Prior treatments included orthopedic spine evaluations and medications. She presents on 05/11/2015 with complaints of left hip pain and for pharmacological re-evaluation. The provider documents the injured worker is pleased with her clinical response to opioids as currently prescribed. Current medications included Morphine Sulfate 30 mg one tablet twice daily and Morphine Sulfate IR 30 mg one every 3 hours as needed for pain. Physical exam showed decreased motion of the lumbar spine with tenderness and muscle spasm. Sensation was grossly intact to touch in the lower extremities bilaterally. The provider documents the serum collected on 03/13/2015 confirmed Morphine. It also confirmed Oxycodone, which is not a metabolite of Morphine. The provider documents this was discussed in a counseling session with the patient. The provider documents the injured worker activities of daily living have a total pain-related impairment score of 56, which is rated as moderately severe impairment. The provider also documents the injured worker is in a high-risk category on the basis of the continued required utilization of a schedule II opioid (Morphine). The providers documents the injured worker has a signed agreement regarding opioid therapy, efforts to alleviate pain with other modalities have been unsuccessful and monitoring will be done with CURES and urine/blood toxicology screening may occur. The treatment plan included to continue Morphine Sulfate ER, continue

Morphine Sulfate IR, authorization for serum drug screening four times per year and follow up in one month. The treatment request was for 4 drug screenings a year, Morphine Sulfate ER 30 mg # 60 and Morphine Sulfate IR 30 mg # 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not indicated for mechanical or compressive etiologies or nerve root pain. It is indicated for chronic pain refractory to other analgesics. In addition, the daily dose should not exceed 120 mg. In this case, the claimant had been on MSIR and MSER in a combined dose of 300 mg daily. The claimant had been on an increasing amount of analgesics and opioids since 2004, indicating tolerance. Continued and chronic use of MSIR is not recommended and is not medically necessary.

MSER 30 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not indicated for mechanical or compressive etiologies or nerve root pain. It is indicated for chronic pain refractory to other analgesics. In addition, the daily dose should not exceed 120 mg. In this case, the claimant had been on MSIR and MSER in a combined dose of 300 mg daily. The claimant had been on an increasing amount of analgesics and opioids since 2004, indicating tolerance. Continued and chronic use of MSER is not recommended and not medically necessary.

4 Serum Drug Screenings A Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology and opioids Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.