

Case Number:	CM15-0118714		
Date Assigned:	06/29/2015	Date of Injury:	04/02/2008
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male, who sustained an industrial injury on 4/2/08. The injured worker has no memory of the industrial injury and was transported for medical care. He was diagnosed with a subarachnoid hemorrhage with vasospasm, subdural hemorrhage, traumatic brain injury, aspiration pneumonia and type I diabetes. Treatment to date has included CT scan and medications. Currently, the injured worker complains of dizziness, headaches and back pain. His back pain is rated 8/10. He also reports depression related to his pain. The injured worker is diagnosed with lumbago, peripheral neuropathy, headache, insomnia and seizures. A note dated 11/5/14 documents complaints of feeling dizzy, headache, abnormal sweating and depression. It also states there is tenderness noted in the sacroiliac joint and lumbar region. Pain is noted with flexion, bending and rotation, and he also reported continued low back pain. In a note dated 12/4/14. An examination revealed no change in pain from the 11/5/14 note. A 3/6/15 note states continued depression and increase in pain during the winter months. Per notes dated 4/7/15 and 5/7/15, the injured worker continues to complain of headaches and low back pain with no change in symptoms on examination. The medication, MS Contin 15 mg #60, is being requested to continue to provide the injured worker with relief of his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 15 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain. Furthermore, there is no discussion regarding aberrant use and no documented urine drug screen or CUREs report. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.