

Case Number:	CM15-0171564		
Date Assigned:	09/11/2015	Date of Injury:	09/05/1995
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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 63-year-old male, who sustained an industrial injury on 9-5-95. Medical record indicated the injured worker is undergoing treatment for lumbar spondylosis without myelopathy, lumbar degenerative disc disease, lumbar spinal stenosis, and lumbago, cervical spondylosis without myelopathy, cervical herniated disc, cervical spinal stenosis, cervical degenerative disc disease and cervicalgia. Treatment to date has included lumbar and cervical epidural steroid injections, 8 sessions of chiropractic treatment (provided some pain relief), 25 sessions of acupuncture treatment (were somewhat helpful), 24 sessions of physical therapy (which were not helpful) and oral medications including Morphine ER 30mg since at least 2-11-15, Norco 10-325mg since at least 2-11-15, Flexeril 7.5mg since at least 2-11-15, Temazepam 15mg and Elavil 10mg since at least 2-11-15. Currently on 7-10-15 and 8-19-15, the injured worker unchanged symptoms; constant aching and stabbing pain in neck rated 8 out of 10 along with a tingling sensation in right arm and stabbing and aching back pain with radiation to hips bilaterally and down the lateral aspect of his legs to his knees with numbness to bilateral feet, he rates the low back pain 8-9 out of 10. Physical exam performed on 7-10-15 and on 8-19-15 noted tenderness to palpation along bilateral lower lumbar paraspinal muscles with full lumbar flexion and restricted cervical range of motion. The treatment plan included refilling of Morphine sulfate 30mg 360, Norco 10-325 mg #150, Flexeril 7.5mg #120, Restoril 30mg #30, re-request authorization for bilateral L4-5 facet joint injections and follow up appointment. On 8-19-15, utilization review modified a request for Morphine #60 with one refill to Morphine ER #60 noting the injured worker's poor response to prior Morphine and for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 09/05/95 and presents with pain in his neck, right shoulder, low back, and legs. The request is for MORPHINE ER 30 MG #60. The RFA is dated 08/10/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 02/11/15 and treatment reports are provided from 02/11/15 to 08/10/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 05/22/15 report indicates that "he feels like he may be getting used to the pain medications, because he does not believe that he is getting as much pain relief as he used to. He states that he is only getting about 15% pain relief from these medications." The 06/10/15, 07/10/15, 08/10/15 reports state that the patient rated his pain as an 8-9/10. Morphine "helps him" He reports that he receives 50% relief with the medications and this helps him get through his day. The patient feels he would not be able to function without his medications." The patient had a urine drug screen conducted on 03/27/15 and was inconsistent with his prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Morphine IS NOT medically necessary.