

Case Number:	CM15-0172569		
Date Assigned:	09/14/2015	Date of Injury:	12/18/2004
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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 52-year-old female who sustained an industrial injury on 12-18-04. Progress report dated 8-18-15 reports continued complaints of lower back pain with radiation into her bilateral lower extremities down to her feet. The pain is worse with prolonged standing and walking and she continues to use a walker with ambulation. She also continues with right shoulder pain and right hip pain. She utilized morphine sulfate ER and gets 40% relief in her pain and increased tolerance to walking and standing. Topamax decreases numbness and tingling in her lower extremities. Past lumbar epidural steroid injections and facet injections provided minimal benefit. She is status post right knee surgery and 2 shoulder surgeries. Diagnoses include lumbar disc displacement without myelopathy, pain in joint pelvis thigh, and pain in shoulder joint. Plan of care includes: refill medications, continue conservative treatment, and may consider massage for flare-ups in the future. Work status: permanent and stationary with permanent disability. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and continues to be treated for low back and right hip pain. When seen, there was no change in complaints. She was having low back pain radiating into the lower extremities. She was continuing to use a walker. She was also having right hip and shoulder pain. Medications are referenced as providing 40% pain relief with improved walking and standing tolerance. Physical examination findings included morbid obesity. There was an antalgic gait with use of a walker. There was decreased lumbar spine range of motion with tenderness, muscle spasms, and guarding. There was decreased right hip range of motion. There was decreased right lower extremity strength with positive straight leg raising. Medications were refilled including extended release morphine at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication appears to be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.