

Case Number:	CM15-0173080		
Date Assigned:	09/15/2015	Date of Injury:	07/08/1993
Decision Date:	11/10/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 7-8-93. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis without myelopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, lumbar spinal stenosis, chronic pain, migraine headaches and myofascial pain syndrome. The injured worker was noted to be permanent and stationary. On (7-30-15) the injured worker complained of neck, mid back and low back pain. The pain was rated 4 out of 10 on the visual analogue scale.

Examination of the cervical spine revealed tenderness to palpation along the middle trapezius muscles with spasms noted. Active Range of motion was full in all directions. Examination of the mid and low back revealed tenderness to palpation along the mid to lower lumbar and thoracic paraspinal muscles, worse on the right. Tenderness was also noted along the bilateral periscapular and rhomboid muscles with spasm. Full active range of motion was noted. A straight leg raise test was positive on the right. Subsequent progress reports (6-30-15 and 6-2-15) note the injured workers pain levels to be consistent at 4 out of 10. Treatment and evaluation to date has included medications, MRI of the lumbar spine, lumbar spine injections and chiropractic treatments. Treatments tried and failed include physical therapy, transforaminal epidural steroid injections, bilateral sacroiliac joint injection and acupuncture treatments (bad experience). Current medications include Morphine Sulfate IR (since at least April of 2015), Zanaflex and Ibuprofen. The injured worker noted that his current medications increase his activity level, decrease his pain and improve his sleep. Current treatment requests include Morphine Sulfate 15 mg # 90. The Utilization Review documentation dated 8-30-15 modified the request to Morphine Sulfate 15 mg # 20 (original # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg #90: 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): Introduction.

Decision rationale: The injured worker sustained a work related injury on 7-8-93. The medical records indicate the injured worker has been diagnosed of lumbar spondylosis without myelopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, lumbar spinal stenosis, chronic pain, migraine headaches and myofascial pain syndrome. Treatments have included physical therapy, transforaminal epidural steroid injections, bilateral sacroiliac joint injection and acupuncture, and medications. The medical records provided for review do not indicate a medical necessity for Morphine sulfate 15mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used longer than 6 months, the MTUS recommend reassessment every six months comparing the pain and functional improvement levels with baseline values using numeric scale. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 09/2013, but there is no evidence the injured worker has periodic reassessment as recommended by the MTUS. Also, there is no evidence the injured worker has an overall improvement. The MTUS defines functional improvement as means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The request for Morphine sulfate 15mg #90 is not medically necessary.