

Case Number:	CM15-0174516		
Date Assigned:	09/16/2015	Date of Injury:	04/26/2010
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 62-year-old female who sustained an industrial injury on 04-26-2010. According to a progress report dated 08-17-2015, the injured worker reported constant low back pain with weakness in the bilateral lower extremities. Pain was worse with walking, standing and prolonged sitting. She had several falls over the last few months with increased pain. She continued to take extended release Morphine 45 mg three times a day and provided a 40% decrease in her pain level. This allowed her to walk and stand for longer periods as well as perform activities of daily living with less pain. She had been paying out of pocket due to denials from insurance. The provider noted that he would consider decreasing her dose further at her next visit. Reported side effects included constipation. She was using Docusate Sodium but this was no longer providing adequate relief. A request for anterior and posterior lumbar decompression fusion with fixation was requested by another provider and denied. Past medical history was significant for reported signs of bronchitis, depression, diabetes, previous heart attack with pacemaker, high blood pressure, hyperlipidemia, incontinence and sleep disturbance. She had recently stopped smoking. Current medications included Docusate Sodium, Lidoderm 5% patch, Aspirin, Bisoprolol Fumarate, Bupropion SR, Furosemide, Glipizide, Lisinopril, Metformin, Nitro-dur, Simvastatin, Lipitor, Gabapentin, Codeine-guaifenesin liquid 10-200 mg per 5 ml two times per day (other MD) and Morphine Sulfate ER 15 mg 3 tablets three times a day. Diagnoses included lumbar disc displacement without myelopathy, stenosis spinal lumbar, disorders sacrum and sciatica. Prescriptions written included Senokot, Morphine Sulfate ER 15 mg 3 tablets by mouth three times a day. Preliminary results from her previous urine drug screen

were positive for opiates and negative for all other entities. Confirmatory testing was not yet available. She was to follow up in 4 weeks. The provider noted that she had not yet reached maximal medical improvement. "She would be appropriate for modified duty with allowance to alternate sit and stand as needed by pain with no lifting greater than 10 pounds." Drug toxicology reports were not submitted for review. An authorization request dated 08-17-2015 was submitted for review. The requested services included Senokot 8.6 mg 1 tablet by mouth twice daily as needed quantity 60 and Morphine Sulfate ER 15 mg 3 tablets by mouth three times a day quantity 270. On 08-25-2015, Utilization Review non-certified the request for Morphine Sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER: Overturned

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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review it is noted that the injured worker has a 40% decrease in her pain level with the use of this medication. This allows her to walk and stand for longer periods as well as perform activities of daily living with less pain. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker had her urine drug screen conducted 7/20/15 which was positive for opioids and consistent with the prescription. DEA CURES report dated 10/20/15 was appropriate. I respectfully disagree with the UR physician's assertion that the documentation does not support the ongoing use of opiates. While it is noted that the MED of 135 exceeds the guideline recommended 120 MED, the providing physician is board certified in pain medicine and as such may increase the daily dose above 120 MED. The request is medically necessary.