

Case Number:	CM15-0175633		
Date Assigned:	09/16/2015	Date of Injury:	01/31/2003
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 41 year old male-female, who sustained an industrial-work injury on 1-31-03. A review of the medical records indicates that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, low back pain, spasm of muscle and mood disorder. Medical records dated (2-24-15 to 8-4-15) indicate that the injured worker complains of right shoulder pain and increased low back pain. She reports that her quality of sleep is poor. The medical records dated (2-24-15 to 3-24-15) the physician indicates that the pain is rated 9 out of 10 on pain scale and the pain remains unchanged. The medical record dated 8-4-15 the physician indicates that the injured worker cannot sleep at night due to pain and would like to increase the pain medications as they are not as effective as they were before. The injured worker reports back pain, joint pain, poor sleep, unhappy and incontinence of urine. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8-4-15 the injured worker is permanent and stationary. The physical exam dated 8-4-15 reveals that she is able to communicate but guarded, depressed and tearful and the physician indicates that she has moderate pain. The lumbar spine range of motion is restricted with extension limited to 11 degrees limited by pain and exam very limited due to pain and guarding. On palpation of the paravertebral muscles, allodynia is noted, tenderness is noted and exam is very limited due to pain and guarding. The right shoulder exam reveals that she is wearing a sling and there are staples along the left upper extremity. Treatment to date has included pain medication including Morphine sulfate since at least 2-24-15, Soma, Trazadone, failed medication included Celebrex, Fentanyl, OxyContin, Methadone, Flexeril and Trazadone,

lumbar fusion 10-21-08, stimulator trial 8-18-11, trigger point injections with no relief, physical therapy with no relief, acupuncture and Transcutaneous electrical nerve stimulation (TENS) with no relief and other modalities. The request for authorization was dated 8-5-15 for Morphine Sulfate CR 60mg 1 Tab three times days #90 With 1 Refill. The original Utilization review dated 8-12-15 non-certified a request for Morphine Sulfate CR 60mg 1 Tab three times days #90 With 1 Refill as the guidelines do not support ongoing long term use and the current dosing level of the injured worker's opioids combined is 276 MED which exceeds guideline recommendations and puts her at higher risk for morbidity and mortality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 60mg 1 Tab three times days #90 With 1 Refill: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Morphine Sulfate CR 60mg 1 Tab three times days #90 With 1 Refill, California Pain Medical Treatment Guidelines state that MS CR 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 (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. 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 Morphine Sulfate CR 60mg 1 Tab three times days #90 With 1 Refill is not medically necessary.