

Case Number:	CM15-0025944		
Date Assigned:	02/18/2015	Date of Injury:	01/14/2008
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female, who sustained an industrial injury on 1/14/2008. The current diagnoses are post laminectomy syndrome of the lumbar region. Currently, the injured worker complains of constant stinging pain in the low back at the midline down to the sacral cornu, with knifelike pain at the cornu, and going down the left leg to the top of the left foot, involving all the toes except the left great toe. She has numbness and tingling in the same areas. The pain is rated 5-6/10 with medications and 8-10/10 without. Current medications are Lubiprostone, Cymbalta, Hydrocodone, and Morphine ER. Treatment to date has included medications. The treating physician is requesting Morphine ER (MS Contin) 60mg #60 x 2 refills, which is now under review. On 1/23/2015, Utilization Review had non-certified a request for Morphine ER (MS Contin) 60mg #60 x 2 refills. The Morphine ER was modified to no refills in order to accommodate the weaning process. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER (MS Contin) 60mg #60 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. There is no documentation of compliance of the patient with her medication. Therefore, the request for prescription of Morphine ER (MS Contin) 60mg #60 x2 refills is not medically necessary.