

Case Number:	CM15-0067823		
Date Assigned:	04/15/2015	Date of Injury:	05/11/2009
Decision Date:	06/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/09/2015

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

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 35 year old, male who sustained a work related injury on 5/11/09. The diagnoses have included depression/anxiety, lumbar spondylosis, status post lumbar laminectomy, lumbar disc displacement, lumbar radiculopathy and chronic low back pain syndrome. Treatments have included spinal cord stimulator, lower back surgery, physical therapy, occupational therapy, medications, MRIs, CT myelogram, epidural injections, and ice/heat therapy. In the PR-2 dated 3/3/15, the injured worker complains of low back pain. The lower back pain is described as sharp, severe, stabbing, burning and constant. He rates the pain an 8-9/10. He has pain that radiates to legs, right leg worse than left. He has weakness, numbness and paresthesia in legs. The treatment plan is to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Patient was first prescribed Morphine in February of 2015. Before that, he had been taking Oxycodone for at least as far back as 12 months. Morphine 30mg #90 is not medically necessary.