

Case Number:	CM14-0142696		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2014
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 79 year-old male, who sustained an injury on February 28, 2014. The mechanism of injury occurred from a slip and fall. Diagnostics have included: Urine drug screen dated February 10, 2014 reported as showing positive for Hydrocodone, Hydromorphone, Morphine, Oxycodone and Oxymorphone; Lumbar spine MRI dated January 6, 2006 reported as showing multi-level degenerative disc disease and facet arthropathy; EMG/NCV dated May 24, 2005 reported as showing possible mild chronic right L5 radiculitis. Treatments have included: medications, June 17, 2014 lumbar epidural steroid injection, back brace, cane, and medical marijuana. The current diagnoses are: lumbar disc degeneration, pelvis pain, lumbago, psychogenic pain, long term use of medications. The stated purpose of the request for Morphine Sulfate CR 60mg #100, prescribed 6/4/14 was not noted. The request for Morphine Sulfate CR 60mg #100, prescribed 6/4/14 was denied on August 14, 2014, noting concern for unaddressed aberrant drug-taking behavior due to drug screening showing positive marijuana and inappropriately positive Oxycodone and hydrocodone, without these issues having been addressed. Per the report dated June 16, 2014, the treating physician noted complaints of bilateral leg pain, back pain, numbness and tingling to the legs. Physical exam findings included decreased sensation to the right L5 and left S1 dermatomes, full lower extremity muscle strength, lumbar spine spasm and guarding, positive right-sided straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 60mg #100, prescribed 6/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The MTUS Chronic Pain Guidelines recommend continued use of this opioid for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral leg pain, back pain, numbness and tingling to the legs. The treating physician has documented decreased sensation to the right L5 and left S1 dermatomes, full lower extremity muscle strength, lumbar spine spasm and guarding, positive right-sided straight leg raising test. The treating physician has not documented VAS pain quantification with and without medications, nor objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, the request is not medically necessary.