

Case Number:	CM13-0040478		
Date Assigned:	12/20/2013	Date of Injury:	11/22/1995
Decision Date:	05/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in Florida. 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 physician 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 69-year-old female who reported an injury on 11/22/1995. The mechanism of injury was not provided for review. The injured worker's treatment history included chronic pain managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The clinical documentation submitted for review does indicate that the injured worker has been taking morphine sulfate immediate release since at least 05/2013. The injured worker was evaluated on 09/06/2013. It was documented that the injured worker had undergone a urine analysis in 08/2013 that was consistent with the injured worker's medication schedule. It was noted in the documentation that the injured worker was considered stable on his medications with 5/10 to 8/10 pain. The injured worker's diagnoses included cervical fusion status post facet joint injections, short and long-acting opioids and osteoarthritis. The injured worker's treatment plan included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MSIR (MORPHINE SULFATE IMMEDIATE RELEASE) 15MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The requested prescription of MSIR (morphine sulfate immediate release) 15 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is evaluated for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has consistent urine drug screens. However, there was no documentation of significant functional benefits or a quantitative assessment to support the efficacy of pain relief as a result of medication usage. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of MSIR (morphine sulfate immediate release) 15 mg #90 is not medically necessary or appropriate.