

Case Number:	CM13-0054237		
Date Assigned:	12/30/2013	Date of Injury:	06/02/1997
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/2/97. A utilization review determination dated 10/4/13 recommends non-certification of morphine sulfate ER. A medical report dated 9/25/13 identifies cervical pain with numbness, tingling, and radicular pain in both arms as well as headaches. Narcotics improve condition. Opioids are noted to be fentanyl patch and MSIR. On the exam, there is weakness in multiple upper extremity muscles, paracervical and paralumbar tenderness and facet tenderness, decreased Range of Motion (ROM), and "obvious findings for rotator cuff tear right shoulder fairly significant with provocative maneuvers."

IMR ISSUES, DECISIONS AND RATIONALES

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

15 MORPHINE SULFATE ER 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 11TH ED. MCGRAW HILL, 2006. WWW.RXLIST.COM. *(ODG) OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: The request for morphine sulfate ER, California Pain Medical Treatment Guidelines state that, 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, it is noted that the provider was prescribing immediate release morphine sulfate rather than extended release. There is also another long-acting opioid prescribed in the form of fentanyl patches. The use of multiple long-acting opioids concurrently is not supported. Additionally, there is no clear indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). In light of the above issues, the currently requested morphine sulfate ER is not medically necessary.