

Case Number:	CM13-0063569		
Date Assigned:	12/30/2013	Date of Injury:	11/17/1993
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 63 year-old now retired [REDACTED] female Officer sustained an injury to her left thumb, wrist, shoulder, neck and low back after attempting to break up a fight between two prisoners on 11/17/1993 while employed by [REDACTED] under consideration include 120 Morphine Sulfate 15mg. Report of 9/25/13 has diagnosis of Diffuse Myofascial pain. She has been Permanent & Stationary for many years and continues to treat under future medical for pain complaints. Current complaints are burning pain to her entire body. Medications list Lunesta, Symvastatin, Gabapentin, Atarax, Glycerine suppository; Lidoderm patch, Prevacid, MS Contin; Oxycodone 15 mg up to 8/day; Lactulose; Ferrous sulfate; and Fiorinal. Report of 10/24/13 noted patient with ongoing back, thumb, wrist, shoulder, and neck pain. The patient was s/p non-industrial fall on May 13th and is s/p ORIF for right tibia fracture. Exam indicated tenderness in bilateral shoulder with decreased range (no degrees or planes specified); tenderness with restricted range in the lumbar spine with negative straight leg raise; and pain in right leg at fracture site; neurological exam with intact sensory and reflexes. Treatment included MSIR with Oxycodone alternating and Trazodone. It was noted the patient does not want long-acting opiate and has low tolerance for pain. The patient is retired. Request for Morphine Sulfate 15 mg #120 was non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 MORPHINE SULFATE 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The medication has been previously partially-certified to assist in the weaning process; however, no report of tapering attempted. The 120 Morphine Sulfate 15mg is not medically necessary and appropriate.