

Case Number:	CM13-0064570		
Date Assigned:	01/03/2014	Date of Injury:	09/24/2008
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine, 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 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 patient is a 53-year-old male who reported injury on 09/24/2008. The patient's medication history included morphine sulfate IR as of 02/2013. The office note of 10/31/2013 revealed the patient was in the office for medication maintenance. Without medications, the patient's pain was noted to be 4/10 with the least and 10/10 with the worst pain, and the average pain was 5/10. With medications, the patient's pain was 4/10 and the average was 4/10 and the worst pain was 10/10. The patient indicated that they were taking their medications as prescribed and rated their satisfaction with therapy as fair. The medication morphine sulfate was re-prescribed. The patient's diagnoses were noted to include chronic pain syndrome, lumbar back pain with radiculopathy, lumbar spine degenerative disc and facet disease, chronic insomnia, and chronic depression. The treatment plan included a continuation to evaluate the effectiveness of the patient's medications for chronic pain and make alterations as necessary. The subsequent documentation in appeal dated 12/27/2013 revealed the patient had continued benefit with the use of MSIR, and the patient was able to continue to work out at the gym for 1 hour to 3 hours a day on the elliptical and light weights with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 15MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient's least pain with medications was 4/10, and without medications 4/10, and the least pain with medications was 4/10 and the average pain was 5/10. It was indicated the patient could exercise; however, there was a lack of objective functional benefit, and evidence that the patient was being monitored for aberrant drug behavior and side effects. The patient was noted to have been taking the medication since 02/2013. Given the above, the request for Morphine Sulfate 15 mg, #180 is not medically necessary.