

Case Number:	CM13-0066266		
Date Assigned:	01/08/2014	Date of Injury:	07/11/2002
Decision Date:	04/21/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas and 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 56-year-old with was injured on July 11, 2002. A lumbar spine fusion surgery was done in 2003. The patient was diagnosed post-operatively with right scapular area neuropathy and right shoulder impingement syndrome as a result of positioning during surgical. The other diagnoses listed are bilateral carpal tunnel syndrome, idiopathic peripheral neuropathy and myalgia. [REDACTED] noted on November 8, 2013, that the medications enable the patient to improve ADL (activities of daily living). The patient reported on January 24, 2014, that the upper extremity numbness is her most worrisome symptom. The medications listed are Percocet 5/325mg for pain, Cymbalta 60mg for depression and neuropathic pain, gabapentin 300mg at night for neuropathic pain and morphine 30mg #60 for pain. No compliance monitoring including UDS report was provided with the records for this review. A Utilization Review determination was rendered on November 27, 2013, recommending modified certification for weaning dosage for morphine sulfate 30mg #60 to morphine sulfate 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF MORPHINE SULFATE 30 MG, 60 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22, and 74-96..

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of opioids for chronic pain treatment. The patient is utilizing the morphine sulfate 30mg in addition to the daily use of Percocet 5/325mg. The November 8, 2013, note by [REDACTED] reported increase in ADL with medications but also indicated that the symptoms are stable. The patient reported on January 4, 2014, that the burning pain and numbness of the right upper extremity was more bothersome than the bone pain. This neuropathic type pain is more responsive to anticonvulsants than to opioids. The gabapentin dose is reported as 300 mg at night. That dose is well below the therapeutic dosage for the treatment of neuropathic pain. Titrating the gabapentin to 1800mg per day according to the FDA recommended dose schedule will result in better pain control. The opioid sparing effect of gabapentin will reduce the total opioid required for pain control. Morphine sulfate can be weaned without any significant increase in pain. The request for one prescription of morphine sulfate 30 mg, 60 count, is not medically necessary or appropriate.