

Case Number:	CM14-0002528		
Date Assigned:	01/22/2014	Date of Injury:	09/01/2002
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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:

The patient is a [REDACTED] employee who has filed a claim for cervicalgia and cervical muscle spasm associated with an industrial injury date of September 01, 2002. The patient's employer was not specified in the submitted documentation. Thus far, the patient has been treated with NSAIDs, opioids, Soma, sedatives, Topamax, Lidoderm, and Biofreeze. Patient has had three cervical spinal operations. Current medications include Mobic, Lunesta, Methadone, and Soma. Review of progress notes indicates that patient is bed bound with neck and right upper scapular pain with no relief from medications. Patient is experiencing withdrawals with nausea and diarrhea. Findings include tenderness in the cervical area with taut bands of muscles and restricted range of motion. There is note that patient is being evaluated for spinal cord stimulator placement. There has been authorization for detox program dated December 16, 2013. Utilization review dated December 16, 2013 indicates that the claims administrator denied a request for morphine sul tab ER 60mg #60 as patient is already on Methadone and morphine sulfate ER would be contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARCOTIC MORPHINE SUL TAB 60MG ER QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Methadone Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on pages 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient is currently on Methadone in an effort to wean off opioids. Patient's opioid regimen of Opana and Opana ER has been discontinued in light of this. There is no clear indication as to why morphine sulfate is to be initiated in this patient during this process of weaning. Therefore, the request for morphine sul tab ER 60mg #60 was not medically necessary per the guideline recommendations of CA MTUS.