

Case Number:	CM14-0004654		
Date Assigned:	01/22/2014	Date of Injury:	09/12/1996
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, 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 injured worker is a 53 year old male who reported an injury on 09/12/1996, due to an unknown mechanism. The clinical note dated 12/16/2013 presented the injured worker with back pain rated 9/10. The injured worker was noted to have been taking 8-10 30MG tablets of MS IR per day and Flexeril 10MG three times a day which lowered his pain levels to a reported 3/10. The injured workers diagnoses included a compression fracture of T11, L1 and L2 and a left foot crush injury with resulted deformity. The provider recommended MSIR 30MG #360. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE IMMEDIATE RELEASE 30 MG #360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: The request for MSIR 30MG #360 is non-certified. The Chronic Pain Medical Treatment Guidelines, recommend providing ongoing education on both the benefits

and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of an increased level of function with the medication, improved quality of life, and decreased. The requesting physician did not include an adequate and complete pain assessment within the documentation. The clinical notes indicated the injured worker was taking 8-10 30MG tablets of MS IR per day, which would exceed the 120mg morphine equivalent daily intake recommendation. As such, the request is not medically necessary.