

Case Number:	CM14-0102792		
Date Assigned:	07/30/2014	Date of Injury:	06/15/2002
Decision Date:	11/07/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency 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:

Patient with reported date of injury on 6/15/2002. No mechanism of injury was provided. Patient has a diagnosis of headache, cervical syndrome and lumbago. Reportedly post cervical fusion and lumbar disc fusion. Medical reports reviewed. Only report provided for review is dated 3/4/14. Patient complains of low back pain and neck pain. Pain has reportedly increased. Objective exam reveals healed anterior cervical incision, stiffness and limited range of motion (ROM) of neck. Tenderness to C2-7 facet joint bilaterally. Pain with axial compression. Moderate spasms. Lumbar spine is unchanged and is post fusion. Limited ROM. Patient was given an IM dose of Toradol for unknown reason. No imaging reports or electrodiagnostic reports were provided for review. No medication list was provided for review. Report noted to refill MS Contin, Soma and Paxil. Independent Medical Review is for Morphine Sulfate 100mg #90. Prior UR on 6/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Tab 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Morphine is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for all criteria. There is not a single documentation of objective response to pain medications, failure to document monitoring or abuse or side effects. Therefore, the request of Morphine Sulfate Tab 100mg #90 is not medically necessary and appropriate.