

Case Number:	CM14-0014066		
Date Assigned:	02/26/2014	Date of Injury:	08/31/2006
Decision Date:	07/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 Management 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:

This is a 56-year-old male with a 08/31/2006 date of injury. A specific mechanism of injury was not described. 1/24/14 determination was non-certified given that the patient had been eventually weaned off of morphine and placed on Buprenorphine and was doing very well since then. 11/25/13 medical report indicates that the patient was doing well on Buprenorphine. The pain was better controlled then on this previous regime. The main issue was sleep. He continued to do a self-directed stretching and exercise program with gradual improvement. The current medications included Buprenorphine, Trazadone, Cymbalta, and Diazepam. VAS score was 4/10. There was mild pain with range of motion and mild tenderness over the S1 joints, bilaterally. Recommendations included to keep the same dose of Buprenorphine for a couple of months and then starts to wean the patient down. 10/28/13 medical report identified that the patient stopped all opioid medications 20 hrs prior to the office visit and arrived with minor symptoms of withdrawal. He has given 4mg of Buprenorphine with partial resolutions of symptoms. At one hour, he was given a second 4mg tablet with completed resolution of withdrawal symptoms and a marked decrease in pain. 10/17/13 medical report identified that there was an issue of pain not being adequately controlled. Recommendations includes to switch the patient to Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

morphine sulfate er 30 mg, #90/30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation American Pain Society and American Academy of Pain Medicine www.americanpainsociety.org.

Decision rationale: The medical necessity for this medication was not substantiated. The patient was taking morphine previously and it was noted that there was inadequate pain control. The patient was, therefore, successfully transitioned to Buprenorphine. The patient's pain was apparently well controlled and the provider's recommendation was to continue the same dose and then start to wean the patient down. There was no indication for a new prescription for morphine and no rationale for such. Therefore, the request is not medically necessary.