

Case Number:	CM14-0110449		
Date Assigned:	08/01/2014	Date of Injury:	01/06/2002
Decision Date:	09/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 01/06/2002. The injury reported was when the injured worker was coming up a ramp in a truck and it fell on its side. The diagnoses included status post lumbar fusion, intractable lumbar pain, lumbar radiculopathy, cervical pain with radiculopathy, bilateral wrist tendonitis, and right shoulder arthroscopic surgery. Previous treatments included surgery and medication. Within the clinical note dated 05/15/2014, it was reported the injured worker complained of chronic pain in his lumbar spine with radiation to the lower extremity bilaterally. The medication regimen included Senokot, fentanyl patches, MSIR, Zanaflex, Cymbalta, and temazepam. Upon the physical examination, the provider noted spasms and tenderness in the paravertebral muscles and lumbar spine with decreased range of motion in flexion and extension. The provider indicated the injured worker had decreased sensation in the L5 and S1 dermatomal distribution. The request submitted is for morphine sulfate. However, a rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certification for Morphine Sulfate 30MG Days Supply:30 Quantity:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for certification of morphine sulfate 30 mg, days supply 30, quantity 120, is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2014. Therefore, this request is not medically necessary.