

Case Number:	CM14-0116571		
Date Assigned:	08/04/2014	Date of Injury:	11/13/2002
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texas, and 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 patient is a 60 year old who was injured on 11/13/2002. The diagnoses are low back pain and right shoulder pain. The past surgery history is significant for C5-C6 fusion. The radiological report showed degenerative disc disease of the lumbar spine. The patient completed physical therapy and home exercise program. On 6/9/2014, [REDACTED] noted that the patient was requesting immediate release morphine preparations. The patient had reported side effects such as itching with many opioid medications including Codeine, Hydromorphone, extended release Morphine, Vicodin and Levorphanol. The patient had been on opioids since 2011. Other medications are Diclofenac for pain, Valium and Sertraline for psychosomatic symptoms and Lansoprazole for the prevention and treatment of NSAIDs induced gastritis. There is no documentation of compliant measures such as Pain Contract, UDS, and pill count or prescription database checks. A Utilization Review determination was rendered on 6/25/2014 recommending non certification of morphine sulfate IR 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of opioid for the treatment of acute exacerbation of chronic pain that did not respond to standard treatment with NSAIDs, PT and behavioral modification. It is recommended that patients be screened for aberrant drug behavioral and compliance during chronic opioid treatment. The utilization of long acting medication preparation is associated with decreased pills load, decreased incidence of non-compliance and medication diversion. The request for specific opioid medication is regarded as a 'red flag' indicative of possible abuse and diversion. The record indicate that the patient is reporting itching with all opioid preparation including long acting morphine but yet requests for immediate release morphine formulation. The presence of psychiatric disorders is associated with increased incidence of opioid abuse and diversion. The criteria for the use of morphine sulfate IR 15mg #120 were not met. The MTUS guidelines recommend the involvement of multidisciplinary chronic pain program or psychiatric addiction specialists for safe weaning of high dose opioid medications. Therefore, the medication is not medically necessary.