

Case Number:	CM14-0121885		
Date Assigned:	08/06/2014	Date of Injury:	11/30/1988
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Practice 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:

56 yr. old male claimant sustained a work injury in 1998 involving the low back. He was diagnosed with severe degenerative disc disease. He underwent spinal fusion and developed failed surgery syndrome. He had been on Methadone since 1999 for pain control. A request had been made in July 2014 for continuation of his chronic pain medications, which include Morphine Sulfate IR 15 mg 6 times daily, and Methadone 30 mg 3 times a day. Progress notes related to the request for pain status are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Immediate Release (MSIR) 15mg #30 oral tablet, 1 by mouth every 4 hours for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the maximum allowable morphine equivalent dose is 120 mg. The claimant had been on Methadone and Morphine with a combined dose greater than 120 mg per day. The claimant had been on opioids for over 15 years. Opioids

are not intended for mechanical or compressive etiologies. There are no long-term studies supporting opioid use. There are no progress notes provided to substantiate the continuation of Morphine. The use of Morphine as above is not medically necessary.

Methadone Hydrochloride 10mg #270 oral tablet, 3 by mouth three times a day (TID) No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the maximum allowable morphine equivalent dose is 120 mg. The claimant had been on Methadone and Morphine with a combined dose greater than 120 mg per day. The claimant had been on opioids for over 15 years. Opioids are not intended for mechanical or compressive etiologies. There are no long-term studies supporting opioid use. There are no progress notes provided to substantiate the continuation of Methadone. In addition, Methadone is FDA approved to manage opioid addiction. The claimant had been on opioid as a primary pain medication. There is no documentation of addiction management. The use of Methadone as above is not medically necessary.