

Case Number:	CM14-0135292		
Date Assigned:	08/29/2014	Date of Injury:	08/19/2009
Decision Date:	09/29/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/22/2014

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 Georgia. 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 claimant is a 51 year old male presenting with chronic pain following a work related injury on 08/09/2009. The claimant reported stabbing, burning pain in the thoracic and lumbar spine. His pain is associated with occasional pain radiating down the left leg and foot and toes have constant tingling and numbness. He also complain of right neck and scapula pain associated with headaches and bilateral arm pain. His medications included Naproxen, Norco, Norflex, Gabapentin, Prilosec and Remeron at night. The physical exam showed limited range of motion of the cervical spine with extension, rotation and bending, limited range of motion to the lumbar spine, neck and upper back palpatory discomfort, decreased grip strength on the right side. The claimant was diagnosed with status pot 8/19/2009 work-related injury, remote history of substance abuse by his report ongoing intermittent marijuana use, Tobacco abuse, Psychiatric comorbidity, Chronic Pain Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 30mg #98: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Morphine Sulfate IR 30 mg #98 is not medically necessary. is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.