

Case Number:	CM14-0156997		
Date Assigned:	10/29/2014	Date of Injury:	08/10/1993
Decision Date:	12/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

The injured workers is a 64 year old woman with a date of injury 8/10/93. She has been treated for chronic knee pain, cervical spine pain thoracic spine pain and lumbar spine pain. She was diagnosed with generalized osteoarthritis of multiple joints, degenerative disc disease of lumbar spine and cervical spondylosis without myelopathy. The patient rated her back pain as 8/10 and knee pain 7-9/10. Physical examination revealed generalized tenderness to palpation to the cervical paraspinal muscles. Cervical range of motion was impaired in all planes. There is painful full knee range of motion with associated generalized tenderness. The patient had been on chronic opioid therapy for these problems since 2002. She presented with a request to change from Opana to Morphine for cost savings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate CE 60 mg, sixty count, to be filled out on September 2, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-86.

Decision rationale: The injured worker presents with a history of chronic high dose opioid therapy for generalized chronic degenerative joint pain complaints. The documentation provided reveals that despite these medications, her pain level is at best 7/10, failing to significantly improve. Further, the request for morphine ER 60mg #60 and morphine IR 15mg exceeds the cited daily morphine equivalent dose of 120 mg. The request is therefore is not medically necessary as it fails to meet MTUS guidelines.

Morphine sulfate CR 60 mg, sixty count, to be filled out on October 1, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-86.

Decision rationale: The injured worker presents with a history of chronic high dose opioid therapy for generalized chronic degenerative joint pain complaints. The documentation provided reveals that despite these medications, her pain level is at best 7/10, failing to significantly improve. Further, the request for morphine ER 60mg #60 and morphine IR 15mg exceeds the cited daily morphine equivalent dose of 120 mg. The request is therefore is not medically necessary as it fails to meet MTUS guidelines.

Morphine sulfate IR 15 mg, 120 count to be filled out on September 2, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-86.

Decision rationale: The injured worker presents with a history of chronic high dose opioid therapy for generalized chronic degenerative joint pain complaints. The documentation provided reveals that despite these medications, her pain level is at best 7/10, failing to significantly improve. Further, the request for morphine ER 60mg #60 and morphine IR 15mg exceeds the cited daily morphine equivalent dose of 120 mg. The request is therefore is not medically necessary as it fails to meet MTUS guidelines.

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