

Case Number:	CM14-0176571		
Date Assigned:	10/30/2014	Date of Injury:	09/24/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/25/2014

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 Internal Medicine 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 worker is a 33-year-old woman with a date of injury of September 24, 2013 due to repetitive motion. Pain developed in her right upper extremity, shoulder, neck and back. Treatment has included medications, physical therapy, and injections. She underwent a right carpal tunnel release June 17, 2014. A cervical MRI dated May 6, 2014 showed C4-C5 broad based disc protrusion, 2 mm, contacting cord anteriorly. The injured worker has been diagnosed with cervical disc displacement without myelopathy; neck pain; cervicobrachial syndrome; and carpal tunnel syndrome status-post surgery; unspecified major depression, recurrent episode. Pursuant to the progress note dated October 1, 2014, the injured worker complains of neck pain, post right wrist surgery with some benefit, reducing some tingling in the right hand, but having persistent pain and weakness, pain rated 8/10. Pain radiated from her wrist into her right hand mainly on the palmar thenar pad. She has numbness in the digits of the right hand. She still has difficulty opening jars and repetitive motion such as typing and cleaning does aggravate her pain. She continues to utilize a right wrist splint on a daily basis to provide support. The injured worker indicates that she has not had any pain medications. She was using Gabapentin and Buprenorphine, but felt that it did not help her. The aforementioned medications have been discontinued. The provider states that the injured worker has not been on opioid medications in a few months, and therefore is opioid nave. A prescription was written for Morphine Sulfate ER 15mg, 1 tablet orally BID x 5 days, then increase to TID as tolerated. Past medical history is positive for depression. The injured worker reports suicidal ideation. The injured worker had a psychological evaluation dated July 1, 2014 and was diagnosed with major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Morphine Sulfate ER 15 mg is not medically necessary. The guidelines indicate with ongoing management, lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief should be documented along with functional status, or appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, the injured worker's current medicines are Gabapentin 600 mg one half tablet at bedtime, increases tolerated to three times a day for nerve pain and Buprenorphine 0.25mg SL. These medicines were discontinued because they are not effective. There presently is no use for opiates status post injury sustained over a year ago with carpal tunnel release a few months ago. The need/indication for extended release opiate treatment is not documented and is not supported in the medical record. She utilized opiates in the past and there was no evidence the medical record that she was compliant with the opiates or that the opiates provided any benefit. The guidelines indicate a treatment plan needs to be established with clear goals outlined. There was no treatment plan of the record and there were no clear goals document. Additionally, the injured worker has a history of major depression and suicidal ideations. Opiates can increase the risk of misuse and addiction in patients with depression. Consequently Morphine extended-release 15 mg is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Morphine extended release 50 mg not medically necessary.