

Case Number:	CM14-0184163		
Date Assigned:	11/12/2014	Date of Injury:	06/24/2003
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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:

Injured worker (IW) is a 39 year old male who sustained an industrial low back injury on 06/24/03. 10/14/14 office note documented complaints of low back and bilateral lower extremity neuropathic pain. Treating physician (TP) stated that claimant had been out of cyclobenzaprine and fentanyl for about a month after denial of these drugs. IW reported withdrawals and was now doing relatively nothing, not getting up other than to go to the bathroom or to eat. TP concluded that opioid therapy had been having an impact of activities of daily living. TP stated that IW would be given a trial of extended release morphine 60 mg in addition to the Oxycodone (APAP) 40 mg per day he was currently receiving. The "4A's" of opiate management were addressed. No adverse effects or aberrant behavior were noted. Pain level was 6/10 with medications and 10/10 without medications. Pain Disability Index showed improvements in all domains with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 60mg, take 1 capsule by mouth once a day #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS criteria for opioids for chronic pain are met. TP has documented the presence of severe chronic pain with symptomatic and functional response to opioid medications. No significant side effects or aberrant behaviors have been identified. MTUS support use of an extended-release opioid along with an immediate-release opioid for treatment of episodes of breakthrough pain. The total opioid dosage in this case with addition of morphine 60 mg to the current oxycodone 40 mg is equivalent to 120 mg of oral morphine, which is within limits recommended by MTUS. Medical necessity has been established for the requested medication per MTUS recommendations.