

Case Number:	CM14-0021664		
Date Assigned:	05/05/2014	Date of Injury:	09/29/1999
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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/Pain Management and is licensed to practice in Texas. 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 64-year-old female who reported an injury on January 27, 2012; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated November 27, 2013, the injured worker stated that she had pain in her lower back and left knee. The injured worker reported the pain level had remained unchanged since the previous visit, and the location of the pain had not moved. The injured worker reported her activity level had remained the same since the previous visit and was not trying any other therapies. Current medications included Cymbalta 30 mg twice a day, Lexapro 20 mg daily, Alprazolam 0.5 mg once a day, Nuvigil 250 mg twice a day as needed, Topiramate 100 mg twice a day, Soma 350 mg 4 times a day as needed, Oxycodone HCL 15 mg 1 tab to 2 tabs every 4 hours to 6 hours as needed, Norco 10/325 mg 1-4 times a day as needed, and, Oxycodone HCL 15 mg 1-2 tabs every 4-6 hours as needed. The physical exam revealed the injured worker had a limited range of motion in the lumbar spine with palpable tenderness and restricted range of motion in the right knee secondary to pain, with tenderness over the medial joint line. The request for authorization and a rationale for the request were not found within the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE 80 MG ER #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Morphine 80 MG #90 is not medically necessary. The California MTUS Guidelines recognized 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation that the injured worker has had a urine drug screen to validate the proper medication adherence in the submitted paperwork. In addition, within the clinical notes, the injured worker has reported high pain ratings and limited pain assessments to not indicate whether the pain ratings were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Therefore the request for Morphine 80 MG #90 is not medically necessary.