

Case Number:	CM14-0026242		
Date Assigned:	06/13/2014	Date of Injury:	09/30/2002
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/01/2014

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 worker is a 58 year old male with a reported injury on 09/30/2002. The mechanism of injury was not provided in clinical documentation. The clinical note dated 12/27/2013 reported that the injured worker complained of neck pain and right upper extremity muscle weakness, burning pain, numbness, and tingling. The physical examination of the injured worker's cervical spine revealed range of motion with mild pain and mild paravertebral spasms. The injured worker's prescribed medication list included topical lidocaine, Pennsaid 1.5% topical, Flexeril 10 mg, oxycodone 15 mg, and MS Contin 15 mg. The injured worker's diagnoses included hypertension, osteoarthritis, postcervical lami syndrome, cervical radiculopathy, myalgia and mitosis, with anterior cervical discectomy and fusion, C5-6, C3-4, severe left and moderate to severe right stenosis with compression of the exiting C4 nerve root. An upper extremity EMG dated 09/26/2012 demonstrated entrapped neuropathy of the left ulnar nerve at the elbow, mild in nature. The provider requested morphine sulfate ER 15 mg 3 tablets per day with 2 refills; the rationale for the medication request was to continue treating the injured worker's pain. The request for authorization was submitted on 02/26/2014. The injured worker's prior treatments were not provided in clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERTIFIED NEGOTIATED MORPHINE SULFATE ER 15MG, 3 TABLETS PER DAY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 74, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recognize opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. The MTUS Chronic Pain Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. According to the clinical documentation provided, the injured worker is prescribed oxycodone 15 mg tablets q.4 to 6 hours as needed for pain and MS Contin 15 mg extended release tablets every 8 hours. There is a lack of clinical information provided documenting the efficacy of morphine sulfate ER as evidenced by decreased pain and significant objective functional improvements. Moreover, the requesting provider did not specify the quantity being requested. It is noted that the injured worker uses a total of 45 mg of MS Contin daily, and a total of 60 mg of oxycodone minimally as needed for pain daily. With the combined MS Contin and the minimal use of oxycodone daily, the total daily morphine equivalent is equal to 135. The guidelines recommend dosing not to exceed a 120 mg morphine equivalent dose (med). As such, the request is not medically necessary and appropriate.