

Case Number:	CM14-0031969		
Date Assigned:	06/20/2014	Date of Injury:	08/21/2000
Decision Date:	09/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 71 year-old male with a reported injury on 08/21/2000. The mechanism of injury was reported that the injured worker was rolling asphalt with a machine and injured his left shoulder and back. The injured worker's diagnosis included chronic back pain and degenerative disc of the spine. There was a lack of evidence or documentation of previous treatments provided. The injured worker had an examination on 01/28/2014 due to pain management and evaluation of his medications. Upon his physical examination, it was stated that his back pain assessment was unchanged, and his degenerative disc disease assessment was unchanged. There was no physical examination as far as functional deficits and assessment provided other than back stiffness. The list of medications consisted of Avinza and Percocet. There was no mention in this examination regarding Morphine Sulfate. There was not a more recent clinical note to consider for this request; however, it was noted the injured worker had a prior urine drug screen that was positive for marijuana. The recommended plan of treatment is to refill his medications. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 90mg ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: The request for the morphine sulfate 90 mg ER is non-certified. The California MTUS Guidelines recommend for the ongoing monitoring of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines also recommend to consider a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. There was as lack of evidence of pain relief. There was no pain scale provided on the VAS scale. The side effects were not mentioned and assessed. There was not an examination that provided physical or psychological functioning deficits or improvements. There was mention of a urine drug screen which was positive for marijuana; however, the date and official report were not provided. There was no documentation regarding when this medication was started. Furthermore, there was not a recent clinical note to consider for the request. Additionally, the request does not specify directions as far as frequency and duration. The clinical information fails to meet the evidence-based guidelines for the request for the morphine. Therefore, the request for the morphine sulfate 90 mg ER is non-certified.