

Case Number:	CM14-0034066		
Date Assigned:	06/20/2014	Date of Injury:	01/30/1989
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology and is licensed to practice in Florida. 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 63 year old man who reported an injury on 01/30/1989 due to an unknown mechanism of injury. The injured worker complained of pain radiating from neck to left hand. On 06/04/2014 the physical examination revealed that the extension of his neck and left tilt does not produce radicular pain into his left arm but his range of motion is limited. There were no diagnostic tests submitted for review. The last MRI taken was over 1 year ago but revealed no neuroforaminal narrowing at the C7-T1. The injured worker had a diagnoses of neck pain and cervical radiculopathy. There were no recent past treatment methods included for review. The injured worker had 4 neck surgeries over 20 years ago. The injured worker was on the following medications diazepam 5mg, docusate calcium 240mg, lactulose 10gm/ 15ml, Lyrica 100mg, morphine sulfate 100mg, and senno 806mg. The current treatment plan is for pharmacy purchase of morphine sulfate 100mg/5ml #450 (30 days' supply). The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Morphine Sulfate 100 mg/5ml #450 (30 days supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78.

Decision rationale: The request for pharmacy purchase of morphine sulfate 100mg/5ml #450 (30 days' supply) is non-certified. The injured worker has a history of chronic neck pain. The CAMTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation provided indicated that the morphine sulfate is providing the injured worker with pain relief. However, there was no quantified information regarding pain relief. There was also no assessment of current pain on VAS scale, average pain, intensity of pain, or longevity of pain relief. There was lack of documentation of the 4 A's. In addition, the frequency was not provided for the proposed medication. Given the above, the request for pharmacy purchase of morphine sulfate 100mg/ 5ml #450 (30 days' supply) is not medically necessary.