

Case Number:	CM14-0039140		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2011
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pain Medicine 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 34-year-old female who reported an injury on 02/01/2011 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 03/13/2014 for reports of pain rated at 4/10 with medication and 10/10 without medication. The exam noted antalgic gait. The cervical range of motion was noted to be restricted with flexion limited to 70 degrees, extension to 34 degrees, right lateral bending to 42 degrees, left lateral bending to 33 degrees, and bilateral rotation to 55 degrees. Hypertonicity, spasm, and tenderness were noted bilaterally to the paravertebral muscles as well as spinous process tenderness was noted at C7. The ankle range of motion was noted to be limited to 25 degrees for plantarflexion, 7 degrees for dorsiflexion, and pain was noted with range of motion. Tenderness was noted to the fibulocalcaneal ligament and the talofibular ligament. The injured worker was able to bear weight with pain. The right foot was noted to have tenderness to palpation over the 4th and 5th metatarsals and cuboid area. 2+ pitting edema was noted. The diagnoses included foot pain, cervical radiculopathy, cervical disc disorder, cervical sprain/strain, thoracic sprain/strain, and a right trabecular cuboid bone fracture. The injured worker has previously undergone epidural steroid injections and physical therapy. Imaging studies include MRIs of the cervical spine, thoracic spine and right ankle. The treatment plan included a possible medial branch block and continued medication, including morphine sulfate at bedtime as needed when pain interferes with sleep. The patient was reported to be stable on current medication regimen with improved quality of function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 74-97, 78, 82, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95 Page(s): 74-95.

Decision rationale: The request for Morphine Sulfate 15mg #60 is not medically necessary. The California MTUS Guidelines may recommend the use of opioids for the ongoing management for chronic pain, however, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of evaluation of risks for aberrant drug use behaviors and request does not include the specific dosage frequency being prescribed. Therefore, due to the significant lack of clinical evidence of the injured worker's risk for aberrant drug use behaviors and the specific dosage frequency not being included, the request for Morphine Sulfate 15mg #60 is not medically necessary.