

Case Number:	CM14-0044686		
Date Assigned:	07/02/2014	Date of Injury:	02/14/2003
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Management 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:

According to the records made available for review, this is a 56-year-old female with a 2/14/03 date of injury, and L4-S1 anterior-posterior lumbar decompression and fusion and right sacroiliac joint fusion on 11/3/12. At the time (3/28/14) of the Decision for Morphine Sulfate ER 15 mg #90 (30 day supply) (date of service 03/10/2014), there is documentation of subjective (increased neck pain radiating to left arm and low back pain radiating to right leg) and objective (positive Spurling's maneuver on the cervical spine with decreased range of motion and lumbar paraspinous muscle tenderness with decreased range of motion of the lumbar spine) findings, current diagnoses (sacroiliac pain, shoulder pain, spasm of muscle, radiculopathy, spinal/lumbar degenerative disc disease, and low back pain), and treatment to date (medications (including Morphine sulfate 15 mg ER and Morphine sulfate 30 mg ER since at least 9/19/13), physical therapy, and epidural steroid injection). 2/6/14 medical report identifies that the patient has increased pain despite ongoing treatment with Morphine sulfate taken as prescribed. There is no documentation that the prescriptions are from a single practitioner; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Morphine sulfate ER use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15 mg #90 (30 day supply)(date of service 03/10/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Opioids, dosing Page(s): 78,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80; 93.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of Morphine sulfate. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sacroiliac pain, shoulder pain, spasm of muscle, radiculopathy, spinal/lumbar degenerative disc disease, and low back pain. . However, there is no documentation that the prescriptions are from a single practitioner; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation that the patient has increased pain despite ongoing treatment with Morphine sulfate taken as prescribed, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Morphine sulfate use to date. Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate ER 15 mg #90 (30 day supply) (date of service 03/10/2014) is not medically necessary.