

Case Number:	CM14-0047964		
Date Assigned:	07/09/2014	Date of Injury:	06/02/1997
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder and neck pain reportedly associated with an industrial injury of June 2, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and earlier lumbar laminectomy. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for morphine. The claims administrator complained about "boiler plates," documented on the part of attending provider. The claims administrator did not, however, incorporate multiple cited non-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, the applicant presented to follow up on persistent complaints of low back, neck, shoulder, knee, and arm pain with associated headaches. The applicant's overall level of pain was 3-4/10. The applicant had mid back pain rated at 5/10, it was stated. The applicant was described using Ambien, Avalide, Dexilant, Duragesic, Lidoderm, Pamelor, Percocet, senna, Tegaderm, testosterone, and Topamax. Lumbar radiofrequency ablation procedures were sought. The applicant was given refills of a variety of medications, including fentanyl, Pamelor, and Percocet. MS Contin, the subject of the dispute, however, was not explicitly mentioned on this progress note, approximately 10 days prior to the date of the Utilization Review Report. The applicant was reportedly using Ambien, Duragesic, Lidoderm, Pamelor, Percocet, senna, and testosterone on an earlier visit of February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg ER #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60,74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, no rationale for provision of two separate long acting opioids, Duragesic and MS Contin, was proffered by the attending provider. It was not clearly stated why the applicant needed to use separate long acting opioids in conjunction with a short-acting opioid, Percocet. It is further noted that the attending provider did not, moreover, outline criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines to justify continuation of opioid therapy as a class. Specifically, there was no mentioned evidence of the applicant's successfully returning to work and/or improving performance of activities of daily living with ongoing opioid therapy. For all the stated reasons, then, the request is not medically necessary.