

Case Number:	CM14-0052095		
Date Assigned:	07/07/2014	Date of Injury:	01/02/2003
Decision Date:	09/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgery 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 patient is a 48-year-old who has submitted a claim for syringomyelia, syringobulbia, and post laminectomy syndrome; associated with an industrial injury date of January 2, 2003. Medical records from 2013 to 2014 were reviewed and showed that patient complained of back pain, graded 10/10. The patient described his mood as frustrated, depressed and angry. There is difficulty staying asleep due to pain. Household chore tolerance was improved by 10%. Physical examination showed the patient had an antalgic gait. Tenderness was noted in the bilateral lumbar paravertebral regions mostly on the left, and in the bilateral cervical paravertebral regions at the C3-C4, C4-C5, and C5-C6 levels. FABER, pelvic shear, and stork tests were positive on the left sacroiliac joint. Spurling test was positive on the left. Range of motion of the lumbar spine was restricted. Motor testing showed weakness of left knee extension. Allodynia and hyperesthesia were noted on the left upper and lower extremities. Urine drug screening performed on April 11, 2014, was consistent with prescribed morphine. Treatment to date has included medications, cervical spine injections, physical therapy, home exercise program, and cervical laminectomy (2004). Utilization review, dated April 16, 2014, denied the request for morphine because there was no documentation of pain relief, functional status, appropriate medication use, and side effects from current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed morphine since at least October 2013. The medical records submitted for review state that household chore tolerance improved by 10%, and the most recent urine drug testing on April 11, 2014 was consistent with prescribed morphine. However, there was no discussion regarding pain relief from use of morphine by VAS (visual analog scale) quantification. Furthermore, there was no assessment of possible intolerance or adverse effects from its use. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Morphine 15 mg, ninety count, is not medically necessary or appropriate.