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| Case Number: | CM14-0055297 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/20/1998 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old male was reportedly injured on April 20, 1998. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of right sided low back pain and muscle spasms. The physical examination demonstrated an antalgic gait favoring the right lower extremity. There was decreased lumbar spine range of motion and a positive bilateral straight leg raise test. No spasms or trigger points were noted. No diagnostic imaging studies were reviewed on this date. Previous treatment includes for spine surgeries, chiropractic care, oral medications to include opioids, pain patches, topical analgesics, anticonvulsants and anti-anxiolytics. A request had been made for Morphine ER and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30 mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 74, 78, 93 Page(s): 74, 78, 93 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with prior usage of opioid pain medications. In the absence of subjective or objective clinical data, this request for Morphine ER is not medically necessary.