

Case Number:	CM14-0055767		
Date Assigned:	07/09/2014	Date of Injury:	12/10/1999
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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 California and 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 injured worker is a 52 year old male who is reported to have sustained work related injuries on 12/10/99 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. Documentation indicated the injured worker was status post 360 fusion at L4/5 with residual lower extremity pain. Per clinical note dated 02/17/14 the injured worker reports continued low back pain with spasms, numbness, tingling, and burning pain. Injured worker reported to be tapering from morphine. Current medications include Morphine extended release (ER) 60 milligrams, Morphine immediate release (IR) 15 milligrams, Topamax 25 milligrams, Clonazepam 0.5 milligram, Omeperazole 20 milligrams, Laxacin, Soma 350 milligrams, Clonidine Patch. On examination there is palpable spasm in both the cervical and lumbar spines, motor strength is intact, and there hypesthesia in the L5 dermatomes bilaterally. Initial request for Morphine ER 60 milligrams quantity ninety was non-certified on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicated the ongoing tapering of narcotic medications; however, the injured worker continues to request increases in medications. Additionally, the amount of tablets requested is not conducive to a tapering of the medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Morphine extended release (ER) 60 milligrams quantity ninety is not medically necessary.