

Case Number:	CM14-0068167		
Date Assigned:	06/27/2014	Date of Injury:	12/20/2005
Decision Date:	08/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury 12/20/2005. The mechanism of injury was not provided within the medical records. The Clinical Note dated 11/18/2013 indicated diagnoses of chronic low back, left knee pain status post arthroscopy surgery, ambulation assistive device dependent including electric wheelchair and front wheel walker and left ankle. The injured worker reported constant low back pain associated with shooting pain down the left leg. The injured worker also reported left knee pain. The injured worker reported he struggled with long distance walking and he had been using a new electric wheelchair for ambulatory assistance. The injured worker also reported left ankle problems such as pain and swelling. On physical examination there was tenderness to palpation on the left knee; range of motion to the left shoulder was unable to be delaminated due to severity of pain. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Motrin, Neurontin, compound creams, and Theramine. The provider submitted a request for Morphine Sulfate. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s):

78-80, 81. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, pg. 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: The request for Morphine Sulfate 15 mg ER #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of a quantified pain assessment done by the injured worker. In addition, the injured worker is utilizing Norco. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Morphine Sulfate 15mg is not medically necessary and appropriate.