

Case Number:	CM14-0071432		
Date Assigned:	07/16/2014	Date of Injury:	08/02/1995
Decision Date:	09/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and 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 male employee was reportedly injured on August 2, 1995. The mechanism of injury is undisclosed. The most recent progress note, dated January 24, 2014, indicates that there are ongoing complaints of neck pain and low back pain. Current medications include Valium, Omeprazole, Voltaren gel, Lyrica, Cymbalta, Morphine Sulfate (MS) Contin, and MS instant release (IR). The physical examination demonstrated a slow guarded gait with the assistance of a cane, decreased cervical and lumbar spine range of motion, tenderness and spasms were noted along the paraspinal muscles of the cervical spine, lumbar spine as well as the trapezius muscles, decreased sensation was noted in the right thigh, decreased range of motion of both shoulders and both knees, and tenderness was observed throughout the right shoulder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical and lumbar spine fusion. A request was made for Morphine Sulfate extended release (ER) and was not certified in the preauthorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Tab 100mg ER Day supply: 30 Qty; 90 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) 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 claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for Morphine sulfate extended release (ER) is not medically necessary.