

Case Number:	CM14-0082357		
Date Assigned:	07/21/2014	Date of Injury:	08/15/2003
Decision Date:	09/03/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational Medicine, 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 44 year old female who was injured on 08/15/2003. The mechanism of injury is unknown. Prior medication history included Baclofen, Naproxen, Morphine sulfate ER 30 mg, Celexa 10 mg and Wellbutrin 75 mg. Visit note dated 03/17/2014 states the patient continued to have complaints of neck pain and lower extremity pain. She reported difficulty walking and standing. It is noted that the patient has had a positive methamphetamine test in the past but states she does not recall using. Her neurologic exam revealed her to have decreased sensation in the small fingers and continues with decreased sensation in the ulnar aspect of the forearms bilaterally. She is diagnosed with cervical spondylosis with myelopathy; long-term use medications; and therapeutic drug monitor. She was given a prescription for Morphine Sulfate Er 30 mg increased to one every 8 hours. There was VAS scores provided or any indication as to how this medication is of benefit. Prior utilization review dated 05/05/2014 states the request for Morphine sulfate 30mg tablets is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioid, Criteria for use Page(s): 76-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Morphine sulfate,;

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use is not clearly established but may be warranted if functional improvement is established. In this case a request is made for Morphine Sulfate for a 44-year-old female injured on 8/15/03 with chronic neck pain. However, medical records do not establish functional improvement from use of this medication. The patient reportedly stopped taking it due to lack of benefit. The request is not medically necessary.