

Case Number:	CM14-0083825		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2002
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Pain Management 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 injured worker is a 60-year-old male who sustained an injury on March 17, 2002. He was diagnosed with (a) low back pain, (b) cervical radiculopathy, and (c) lumbar radiculopathy. He was seen on May 29, 2014 for an evaluation. He reported complaints of neck and back pain. He stated that opioids continue to keep him as functional as possible. Examination of the cervical spine revealed limited range of motion. Morphine Sulfate Contin was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 15MG ER, DAYS SUPPLY 30, QUANTITY 90, MED 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: It has been determined from the reviewed medical records that this medication has been certified previously on May 21, 2014 for weaning purposes. At this time, the injured worker should have completely weaned from morphine sulfate 15 mg extended release and that further dispensing of this medication is not in accordance with the guidelines. The request is not medically necessary and appropriate.

