

Case Number:	CM14-0083912		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2002
Decision Date:	10/07/2014	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 Family 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:

This is a 60-year-old male with a 3/17/02 date of injury. The mechanism of injury occurred when he stepped on a pile of materials causing him to twist his right ankle and fall to his knee. According to a progress report dated 7/2/14, the patient complained of neck pain and back pain rated as a 3 on a scale from 0-10. The patient stated that his functional impairment was severe and interfered with most but not all daily activities. Objective findings: antalgic gait, slightly limited ROM of head and neck and spine/pelvis/ribs. Diagnostic impression: cervical radiculopathy, low back pain, lumbar radiculopathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment, acupuncture, TENS unit, injections, rhizotomy. A UR decision dated 5/22/14 modified the request for Morphine Sulfate 30mg 60 tablets to allow this one fill for weaning purposes. There has been no reports that outline any meaningful improvement in the functionality and there is minimal evidence of appropriate monitoring with only one UDS mentioned as being compliant.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30MG ER, DAYS SUPPLY 30, QUANTITY 60, MED 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated that he had severe functional impairment, that his pain interferes with most but not all of his daily activities. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Morphine Sulfate 30mg ER, Days Supply 30, Quantity 60, MED 60 was not medically necessary.