

Case Number:	CM14-0101414		
Date Assigned:	06/08/2015	Date of Injury:	04/11/2004
Decision Date:	07/07/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 request is for Morphine Sulfate ER 60mg and Morphine Sulfate ER 30mg. On 6/16/2014, she complained of low back and neck pain with radiation into the scapular regions. She rated her pain 1/10, and indicated the pain the previous week had been 2/10. She reported utilizing her medications as prescribed, and that they give her 80% relief of pain. Her current medications are listed as: morphine 150mg daily in divided doses, and polyethelene glycol ½ capful daily as needed for constipation. She requests the use of Lidoderm again. The treatment plan included: morphine extended release 60mg, morphine extended release 30mg, and Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 60mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in April 2004 and continues to be treated for chronic neck and chronic radiating low back pain. Medications are referenced as providing 80% pain relief and helping her to maintain her activities of daily living. When seen, pain was rated at 1-2/10. There were no abnormal physical examination findings reported. Lidoderm was prescribed. Medications also included Morphine ER at a total MED (morphine equivalent dose) of 150 mg per day. She had previously been treated at a higher MED of 240 mg beginning in September 2011 with the same pain levels. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support ongoing dosing at this level and an even higher dose is noted to have provided similar analgesia. Therefore, ongoing prescribing at this dose was not medically necessary.

Morphine sulfate ER 30mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2004 and continues to be treated for chronic neck and chronic radiating low back pain. Medications are referenced as providing 80% pain relief And helping her to maintain her activities of daily living. When seen, pain was rated at 1-2/10. There were no abnormal physical examination findings reported. Lidoderm was prescribed. Medications also included Morphine ER at a total MED (morphine equivalent dose) of 150 mg per day. She had previously been treated at a higher MED of 240 mg beginning in September 2011 with the same pain levels. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support ongoing dosing at this level and an even higher dose is noted to have provided similar analgesia. Therefore, ongoing prescribing at this dose was not medically necessary.