

Case Number:	CM14-0198682		
Date Assigned:	12/09/2014	Date of Injury:	04/26/2012
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/26/2014

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of April 26, 2012. In a Utilization Review Report dated November 25, 2014, the claims administrator approved Norco, approved Colace, approved Docuprene, and denied morphine sulfate. The claims administrator referenced an RFA form received of November 12, 2014 in its determination. The claims administrator contended that the applicant had failed to improve despite previous usage of morphine. The applicant's attorney subsequently appealed. On August 6, 2014, the applicant reported ongoing complaints of neck, right arm, low back, and right leg pain, reportedly severe, 10/10 without medications versus 8/10 with medications. The applicant stated that he was unable to sit down and/or pick up his newborn child without his medications. Positive straight leg raising was noted with 4/5 to 5/5 lower extremity strength. Norco, morphine, and Docuprene were renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On July 9, 2014, the applicant reported 8/10 neck and low back pain with medications versus 10/10 pain without medications. The applicant again stated that he was having difficulty lifting his newborn child and/or sitting secondary to pain. Once again, morphine, Naprosyn, and Norco were endorsed, without much discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for morphine, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is seemingly off of work. The applicant's reported reduction in pain levels from 10/10 without medications to 8/10 with medications appears to be minimal to negligible at best and is outweighed by the applicant's seeming failure to return to work, the attending provider's comments that the applicant was unable to lift his newborn child and/or sit secondary to pain, and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.