

Case Number:	CM14-0203525		
Date Assigned:	12/16/2014	Date of Injury:	10/20/2008
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice 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:

42 yr. old male patient sustained a work injury on 10/20/08 involving the left lower extremity, neck and left shoulder. He was diagnosed with chronic regional pain syndrome and internal derangement of the knees. He had been on MSContin for pain since at least January 2014. A progress note on 11/7/14 indicated the claimant had continued leg pain, dyesthesias and allodynia. His reflex sympathetic dystrophy had essentially worsened. In addition he had left shoulder dyesthesias and headaches from neck pain. He was continued on MSContin 60 mg TID and Morphine Sulfate 15 mg BID was added.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #56 (28 Days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. In addition, the maximum amount of morphine recommended per day is 120 mg. The

claimant had been provided greater than with the combined dose of MSContin and Morphine. Based on the above, the Morphine is not medically necessary.