

Case Number:	CM15-0133746		
Date Assigned:	07/21/2015	Date of Injury:	04/17/2008
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 34-year-old male, who sustained an industrial injury on April 17, 2008. Treatment to date has included work restrictions, opioid medications, and vocational rehabilitation. Currently, the injured worker complains of low back pain and right ankle and foot pain. He reports right shoulder and elbow pain and notes that he has to use a cane for assistance. He is stable on his current medication regimen and is able to accomplish his activities of daily living except gardening. He rates his pain an 8 on a 10-point scale without medications. On physical examination, the injured worker has a decreased range of motion of toe flexion and toe extension in his right lower extremity. He has pain with range of motion of the right foot and toes. He reports tenderness to palpation over the lumbar spine and the lumbar facet joints. He has decreased lumbar extension and lateral bending to the right. The diagnoses associated with the request include pain in his foot, leg, arm and finger. The treatment plan includes continuation of MSIR 15 mg and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR (Morphine Sulfate IR) 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking morphine sulfate without documentation of significant benefit in pain or function to support long-term use. The request for MSIR 15 mg #90 is not medically necessary.