MAXIMUS Federal Services

Case Number:	CM15-0136047		
Date Assigned:	07/24/2015	Date of Injury:	12/12/2006
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 48 year old female injured worker suffered an industrial injury on 12/12/2006. The diagnoses included lumbar discopathy with disc replacement, lumbar radiculopathy, right sacroiliac arthropathy and lumbar fusion. The diagnostics included lumbar computerized tomography. The treatment included spinal surgeries and medications. On 6/19/2015 the treating provider reported residual pain over the right sacroiliac joint with swelling. She stated the medications did not completely alleviate the pain but made it tolerable. On exam there was tenderness over the right sacroiliac joint with spasms and decreased range of motion with pain and stiffness. The straight leg raise was positive. She used Morphine Sulfate 15mg every 12 hours, Tramadol 150mg once daily and Norco 10/325mg 1 tablet every 4 hours as needed (there was no indication how many doses she would take in 1 day). The total MED (Morphine Equivalent Dose) was 105 factoring the potential maximum dose of Norco. There was indication the injured worker had urine drug screens but no results were in the medical record. The injured worker had not returned to work. The requested treatments included Morphine Sulfate 15mg every 12 hours #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

Decision rationale: The request is for Morphine Sulfate (MS) 15 mg q 12 hours in a patient who is also prescribed Ultram ER and Norco. In this case, there is no evidence in the records submitted that MS is providing functional benefits. The patient also describes the pain relief as being of "some benefit." There is no documentation of a pain scale. The patient has no returned to work. There are no urine drug screens available for review. No rationale is given for why the patient requires 2 long-acting opioids plus a short-acting opioid. This combination of 3 opioids is not recommended. Therefore, with no documented evidence of significant pain relief, improvement of functional capacity and ability to return to work, this request is not medically necessary or appropriate.