MAXIMUS Federal Services

Case Number:	CM15-0136981		
Date Assigned:	07/24/2015	Date of Injury:	04/25/2014
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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
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 injured worker is a 36 year old male who sustained a work related injury April 25, 2014. While working as a stage hand and bolting and pulling with a wrench, he felt a straining like sensation in his mid- back. Past history included status post right shoulder surgery x 3 most in December, 2011, status post open reduction internal fixation right tibia fracture, October 2011. An MRI of the thoracic spine, dated July 20, 2014, revealed degenerative disc disease with focal protrusions T6-T9 with T6-7 mild to moderate canal stenosis and T8-9 mild canal stenosis; thoracic cord linear signal abnormality extends from T3-4 through T8-9 and measures maximally 2.5 cm most suggestive of a syrinx. According to a pain and rehabilitative physician's visit notes, dated June 17, 2015, the injured worker presented for follow-up with continued lower back pain with lower extremity weakness. His pain radiates to the mid thoracic spine and sometimes into his chest region. He continues to note right foot drop and left sided chest pains that are described as palpitations, made worse with stress and better with rest and sleep. He reports excellent pain relief with the use of immediate release morphine sulfate, taking up to 1 tablet of 30 mg daily providing 70% pain decrease. Physical examination reveals gait is normal, normal range of motion of the lumbar spine with sensation intact, and guarding and spasm. Diagnosis is documented as degeneration, thoracic disc. At issue, is the request for authorization for Morphine Sulfate, IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for morphine sulfate IR, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested morphine sulfate IR is not medically necessary.