

Case Number:	CM15-0145269		
Date Assigned:	08/06/2015	Date of Injury:	07/30/1998
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 50 year old female, who sustained an industrial injury on 7-30-1998. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical facet syndrome, cervical disc disorder, lower leg pain, chronic pain syndrome and joint pain in the shoulder. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-14-2015, the injured worker complains of pain in the left knee, left shoulder, left ankle and neck. Pain is rated 4 out of 10 with medications and 8 out of 10 without medications. Physical examination showed cervical pain restricted range of motion and spasm, left knee tenderness Alzheimer's disease effusion and left knee tenderness. The treating physician is requesting Morphine Sulfate CR 15 mg #90. A letter of appeal dated 7/28/15 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 15mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids Page(s): 76-79.

Decision rationale: Morphine Sulfate CR is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has well documented monitoring and management. Provider documents appropriate improvement in objective pain and function. Patient has been stable on current medications with no success with prior weaning attempts. Current opioid therapy is appropriate. Morphine Sulfate CR is medically necessary.