

Case Number:	CM15-0199105		
Date Assigned:	10/14/2015	Date of Injury:	02/22/2003
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female, who sustained an industrial injury on February 22, 2003. The injured worker was diagnosed as having degeneration of the cervical intervertebral disc, cervical spondylosis without myelopathy, and myofascial pain syndrome. Treatment to date has included use of heat and cold compresses, medications, home exercise program, and medication regimen. In a progress note dated August 20, 2015 the treating physician reports complaints of strong, aching pain to the neck that radiates to the left arm and occasionally to the right along with numbness and tingling to the left hand and spasms to the left shoulder. Examination performed on August 20, 2015 was revealing for tenderness to the trapezius muscles bilateral, tenderness to the left rhomboid muscle, and decreased sensation to the right upper extremity. The injured worker's medication regimen on August 20, 2015 included Ranitidine, Flexeril, MS Contin, Percocet, Prozac, Xanax, and Docusate-Senna that the injured worker has been taking since at least prior to March of 2015. The injured worker's pain level on August 20, 2015 was rated 6 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The progress note on August 20, 2015 noted that the injured worker's medication regimen allows the injured worker to function with activities of daily living and is "able to function at a higher level than if they were off of the current regimen." On August 20, 2015 the treating physician requested the medication Morphine Sulfate ER tablet 15mg for a 30 day supply with a quantity of 30 with the treating physician noting that the injured worker "is having increased pain that the MS Contin at 30mg every 12 hours is not sufficiently managing" causing the treating physician to increase the injured worker's MS Contin to 30-15-30mg every 8 hours

and to reassess the injured worker in 4 weeks. On September 09, 2015, the Utilization Review denied the request for Morphine Sulfate ER tablet 15mg for a 30-day supply with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Tab 15mg ER Day Supply: 30 QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dosing.

Decision rationale: The injured worker sustained a work related injury on February 22, 2003. The injured worker was diagnosed as having degeneration of the cervical intervertebral disc, cervical spondylosis without myelopathy, and myofascial pain syndrome. Treatment to date has included use of heat and cold compresses, medications, home exercise program, and medication regimen. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Morphine Sulfate Tab 15mg ER Day Supply: 30 QTY: 30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When an opioid medication is taken for more than six months, the MTUS recommends documentation of pain and functional improvement scores on a numerical scale and comparing with baseline values every six months. The Maximum recommended daily morphine dose is 120 morphine equivalents. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 03/2015 without overall improvement; the injured worker is needing higher doses of to control the pain; besides, the injured worker is taking several sedative medications which have the potential to increase the adverse effects of this medication. The MTUS defines functional improvement as means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10 - 9789.111; and a reduction in the dependency on continued medical treatment.