

Case Number:	CM15-0203629		
Date Assigned:	10/20/2015	Date of Injury:	11/02/2009
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California
 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 injured worker is a 52 year old male who sustained an industrial injury on 11-2-2009. A review of medical records indicates the injured worker is being treated for multilevel disc degeneration and facet hypertrophy contributing to multiple bilateral neural foraminal stenosis, chronic low back pain with mild lumbar radiculitis, worse on the right than the left, compensatory left knee pain and bursitis due to gait changes, and chronic pain syndrome. Medical records dated 9-11-2015 noted chronic low back pain and knee pain. He reported pain in his back radiating into the right lower extremity down to the right foot. Pain scale was not available. Physical examination of the lumbar spine noted pain with flexion of 30 degrees and extension of 10 degrees. Spasm and guarding was noted of the lumbar spine. The left knee examination was positive for tenderness mild tenderness to palpation but not erythematous and effusion. Treatment has included surgery, physical therapy, injections, and Morphine sulfate since at least 10-15-2012. Utilization review form dated 9-22-2015 modified Morphine Sulfate ER 15mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #68: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: According to the guidelines, oral morphine is not indicated for chronic non-cancer pain. In this case, the claimant has chronic back pain. There is no indication of failure of Tricyclics or other long-acting opioids. The VAS scores were not noted. Long-term use of morphine is not recommended. Continued use of Morphine as above is not medically necessary.