MAXIMUS Federal Services

Case Number:	CM15-0022989		
Date Assigned:	02/13/2015	Date of Injury:	04/24/2002
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts
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 57 year old female, who sustained an industrial injury on 4/24/02. She has reported neck, back, knee and foot injuries after getting ran over by a gurney. The diagnoses have included chronic low back pain, lumbar spondylosis, lumbar Degenerative Joint Disease (DJD), lumbar degenerative disc disease (DDD), radicular symptoms, complex regional pain syndrome and reflex sympathetic dystrophy with primarily neuropathic pain. Treatment to date has included medications, ice, Transcutaneous Electrical Nerve Stimulation (TENS), psychological sessions, and implant of spinal cord stimulator trial on 11/3/14. Currently, the injured worker complains of severe left neck pain with radiation to left hip and ankles. The pain is described as aching, burning, sharp and throbbing and aggravated by prolonged sitting, standing, walking and activities of daily living (ADL's). The pain is relieved with use of ice, narcotic analgesics, rest, feet up and spinal cord stimulator. There is 20 percent reduction in reference pain with spinal cord stimulator and 30 percent reduction in overall pain. The pain without medications is rated 10/10 and with medications is rated 10/10. In the last month the pain on average was rated 8/10. The current medications were documented. Physical exam revealed positive neck pain and positive numbness in extremity. The mobility is decreased and there is posterior tenderness to neck/spine. The injured worker underwent successful spinal cord stimulator trial recently with excellent control of her lower extremities and authorization was obtained for permanent implantation. She has been able to reduce her pain medications and increase her physical activities. The work status was permanent and stationary. On 1/9/15 Utilization Review non-certified a request for Morphine Sulfate Cap 45mg ER day supply: 30,

QTY: 60, noting there was no documentation of increase in function. Therefore, Morphine Sulfate Cap 45mg ER day supply: 30, QTY: 60 is not medically necessary, however, due to the nature of the drug, weaning is recommended. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Cap 45mg ER day supply: 30, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain. Medications include morphine at a MED (morphine equivalent dose) of less than 120 mg per day. Morphine ER is a sustained release formulation and would be used to treat baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Morphine ER was not medically necessary.