

Case Number:	CM15-0211375		
Date Assigned:	10/30/2015	Date of Injury:	01/09/2013
Decision Date:	12/14/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 60 year old male, who sustained an industrial injury on 1-9-13. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, right carpal tunnel syndrome, chest wall pain and long term drug therapy. The injured worker is working with restrictions. On (10-13-15 and 9-8-15) the injured worker complained of left-sided chest wall pain, especially with increased activity. The pain was rated 6-7 out of 10 without medications and 4-5 out of 10 with medications on the visual analog scale. The injured worker uses Morphine Sulfate ER for pain relief and notes that he is able to exercise better and work better with less pain. Objective findings revealed tenderness of the right sternum and pectoralis major and minor on the left side. Compression of the chest wall laterally caused more pain. Range of motion of the left shoulder was limited secondary to pain in the chest. Treatment and evaluation to date has included medications, urine drug screen, electrodiagnostic studies, Computed Tomography scan of the chest and a functional restoration program. Current medications include Nabumetone, Gabapentin, Morphine Sulfate (since September of 2015), Aspirin, Benazepril, Fenofibrate, Glipizide, Levothyroxine, Lovastatin, Metformin, Metoprolol Tartrate, Motrin and Tylenol. The injured worker has tried Tramadol-acetaminophen and Buprenorphine without much improvement and therefore the injured worker has been trialed with Morphine Sulfate ER. The Request for Authorization dated 10-14-15 requested Morphine Sulfate ER 30mg # 55. The Utilization Review documentation dated 10-21-15 modified the request to Morphine Sulfate ER 30mg # 45 (original request #55).

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30 MG Tabs Qty 55: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2013 when, while working as a janitor, he was struck in the chest by a door. He continues to be treated for left chest wall pain. Medications are referenced as decreasing pain from 6-7/10 to 4-5/10 and allowing him to exercise and work better. When seen, there was slight right sterna tenderness. He had exquisite left pectoralis tenderness. There was decreased left shoulder range of motion with pain. Chest wall compression caused more pain. Medications were continued including extended release morphine and tramadol / acetaminophen. The total MED (morphine equivalent dose) was 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Extended release morphine is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved exercise and work tolerances. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.