

Case Number:	CM15-0030210		
Date Assigned:	02/23/2015	Date of Injury:	01/20/2003
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on 1/20/13. She has reported back injury. The diagnoses have included thoracic outlet syndrome, degenerative disc disease, neck pain, cervical radiculopathy, neuropathic pain, complex regional pain syndrome, and thoracic radiculopathy, spasm of muscle, neck sprain, cervical spondylosis without myelopathy, pain in thoracic spine and thoracic spondylosis. Treatment to date has included oral and topical medications and activity restrictions. Currently, the injured worker complains of increasing thoracic pain which is constant and exacerbated with physical activity. Progress note dated 1/2/15 noted since last visit she has controlled pain with pain medications. Physical exam noted limited range of motion and spasming and twitching of trapezius and levator scapulae muscles. On 1/21/15 Utilization Review non-certified morphine sulfate as ongoing medication, noting the lack of documentation of improvement and hospitalization for constipation due to narcotics. The MTUS, ACOEM Guidelines, was cited. On 2/17/15, the injured worker submitted an application for IMR for review of morphine sulfate as ongoing medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Morphine Sulfate (dosage & frequency unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Morphine Sulfate is an immediate release opioid used for breakthrough pain. There is no documentation that the patient has a breakthrough pain. There was no documentation of pain relief or functional improvement with a previous use of narcotic. Therefore, the request for prescription for Morphine Sulfate is not medically necessary.