

Case Number:	CM15-0032075		
Date Assigned:	02/25/2015	Date of Injury:	04/05/1999
Decision Date:	04/03/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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:

This 50 year old male sustained an industrial injury on 4/5/99. He subsequently reports back and left lower extremity pain. Diagnoses include degenerative disc disease. The injured worker has undergone back and left leg surgeries. Treatments to date have included physical therapy, injections and prescription pain medications. On 2/13/15, Utilization Review partially-certified a request for Morphine sulfate ER 30mg quantity 180. The Morphine sulfate ER 30mg quantity 180 was modified to 150 tablets. The decision to modify the request was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The claimant's pain ranged from 4/10 to 10/10 which worsened from extreme range of motion of the neck regardless of medication. The claimant had been on Norco and Gabapentin. There is conflicting documentation that the pain is reduced 50-60 % with medication yet worsens with extreme motion. Pain relief attributed to Morphine alone can't be determined. The claimant had been on the medications for several months with similar exam noted and findings. The continued use is not substantiated and the Morphine is not medically necessary.