MAXIMUS Federal Services

Case Number:	CM15-0041353		
Date Assigned:	03/11/2015	Date of Injury:	11/10/1995
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 (IW) is a 66 year old female, who sustained an industrial injury on 11/10/1995. She reported neck and right knee pain. The injured worker was diagnosed as having cervical fusion, pain disorder associated with general medical condition, torn ACL right knee situation post repair. She has been on low dose opioid, amitriptyline for migraine prevention and reduction of cervicogenic headaches, Lidoderm patches to reduce neuropathic inflammatory and wind up pain and to avoid opioid dosing escalation. Currently, the injured worker complains of a flare in her neck pain requiring a temporary increase in morphine usage. She has now returned to 15 mg per day and is seen in a 3 month re-check visit. Treatment includes continuation of medications as noted above and a refill request is submitted for (1) Prescription of Morphine sulfate IR 15mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Morphine sulfate IR 15mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Morphine, long term users of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that long term users of opioids should be monitored for efficacy, side effects, functionality, and signs of aberrant side effects. In this case, the patient experienced decreased pain but there was no evidence of improvement in function. Guidelines state that doses should be tapered. Thus, the request for Morphine Sulfate IR 15 mg #100 is not medically necessary and appropriate.