

Case Number:	CM15-0044209		
Date Assigned:	03/16/2015	Date of Injury:	04/04/2002
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 4/4/2002. She reported cumulative injury due top performing office duties. The injured worker was diagnosed as status post cervical laminectomy and arthrodesis, cervical degenerative disc disease, chronic cervical radiculopathy, lumbar degenerative disc disease, cervical post laminectomy syndrome, neck pain and depression. Treatment to date has included epidural steroid injection, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/6/2015 indicates the injured worker reported neck pain, upper back pain and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Controlled Release (MS Contin) 15mg quantity 60 with one refill:
 Upheld

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

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

Decision rationale: According to the guidelines, opioids such as Morphine are not indicated for mechanical or compressive etiologies. First line medications for neck and back pain include Tylenol and NSAIDs. Long-term use of opioids has not been studied. In this case, the claimant had been on Morphine for over a year. There was no mention of attempt to wean or provide a trial of a non-opioid. Long-term use can lead to addiction. The continued and chronic use of Morphine is not medically necessary.