

Case Number:	CM15-0044681		
Date Assigned:	03/16/2015	Date of Injury:	07/13/1999
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
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: Florida

Certification(s)/Specialty: Neurology, 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 57 year old male, who sustained an industrial injury on 07/13/1999. On provider visit dated 01/05/2015 the injured worker has reported ongoing neck pain and headaches with radicular symptoms to both upper extremities. On examination he was noted to have tenderness over cervical spine posterior cervical musculature bilaterally with a decreased range of motion. Right shoulder revealed tenderness to palpation and a decreased range of motion. Lumbar spine was noted to have decreased range of motion and diffuse trigger point along the lumbar paraspinal muscles. The diagnoses have included lumbar post laminectomy syndrome, failed back syndrome status post regional anterior and posterior fusion of lumbar spine 07/16/2002, cervical myoligamentous injury and bilateral upper extremity radicular symptoms and right shoulder internal derangement, status post arthroscopic surgery 03/15/2000. Treatment to date has included medication, MRI's and electrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate ER. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids for patients with persistent pain with functional gain demonstrated from use of opioids. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do document ongoing functional benefit related to the therapy and indicate ongoing opioid mitigation process. As such the medical records provided for review do support ongoing use of opioids. The request is medically necessary.