

Case Number:	CM15-0084155		
Date Assigned:	05/06/2015	Date of Injury:	05/20/1999
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: California, North Carolina
 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 60 year old female, who sustained an industrial injury on 05/20/1999. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar radiculopathy and thoracic spondylosis. Treatment to date has included oral and topical pain medication. In a progress note dated 03/18/2015, the injured worker complained of abdominal and back pain. Objective findings were notable for pain with thoracic facet loading maneuver. A request for authorization of Morphine refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 80.

Decision rationale: The request is for morphine 30 mg #90 for chronic low back pain. Date of injury was 1999. The claimant's diagnosis is lumbar radiculopathy and thoracic spondylosis.

The claimant's chronic pain is objectively documented and appropriately monitored. The claimant is also prescribed Oxycodone, which combined with the morphine places her at a Morphine Equival Dose (MED) of 150 mg. MTUS recommends no greater than 120 MED/day. Therefore, the request of morphine is not medically necessary.