

Case Number:	CM15-0089039		
Date Assigned:	05/13/2015	Date of Injury:	10/28/1997
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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 70 year old female, who sustained an industrial injury on 10/28/97. The injured worker has complaints of chronic neck and arm pain. The documentation on the Physical Examination noted that the cervical range of motion was limited in all planes and shoulder range of motion was limited bilaterally. The diagnoses have included chronic neck pain; cervical degenerative disc disease; chronic pain syndrome and bilateral upper extremity radicular pain. Treatment to date has included Functional Restoration Program; pain management sessions; morphine sulfate and flexeril and percocet. The request was for morphine sulfate contin 15mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Contin 15mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

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

Decision rationale: According to the guidelines, opioids such as MS Contin are not indicated for mechanical or compressive etiologies. In this case, the claimant had been on MSContin for months. The medication would control the pain for only a few hours. There was no mention of lower potency opioid, Tylenol or NSAID failure. The claimant required additional opioids including Percocet to manage pain. The continued use of MS Contin is not medically necessary.