

Case Number:	CM14-0111919		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2006
Decision Date:	11/05/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male with a date of injury on 7/30/2006. The medical records were reviewed. Records dated July 1, 2014 documents that the injured worker complained of neck pain with radiation to the left arm with noted numbness and tingling sensation down to his hands. He has been experiencing this pain for 8 years and reported sudden onset of pain. He described his pain as constant, aching, sharp, and throbbing. Pain was aggravated by increased activity, lifting, and turning side to side. He had X-rays and magnetic resonance imaging (MRI) scan as well as acupuncture and physical therapy. On examination, he was noted to be morbidly obese. Cervical examination noted facet pain in C3-7 region, bilaterally. He is diagnosed with displacement cervical intervertebral disc without myelopathy, cervical radiculopathy at C4-C7, spinal stenosis in the cervical region, brachial neuritis or radiculitis - not otherwise specified, cervicgia, and pain in the joint shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 60mg ER, days Supply 30, Quantity 60, Med 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Evidence-based guidelines indicate that opioids are not recommended in the long-term. If it is to be used in the chronic period, the clinical presentation of the injured worker should satisfy the requirements for ongoing or continued use which includes documentation of significant pain decrease and significant increase in functional improvements. In this case, the injured worker has been utilizing opioids in the chronic term. Based on his records, his pain level without medication remained at 10/10 but with medications his pain would go down to 8/10. However, further review of his records indicates that his condition is worsening and pain level has been increasing. This means that the medication is ineffectively controlling his pain levels. Also, there is no indication of significant functional improvements and there is no indication that he has returned to work. In addition, there is no documentation of a urine drug screening to monitor drug compliance. There is also no indication of an extenuating factor to warrant continued use. Therefore, the medical necessity of the requested Morphine Sulfate 60 mg ER days' Supply 30 Quantity 80 Med 120 is not established.