

Case Number:	CM14-0121911		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2010
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 60 year-old female who was reportedly injured on August 20, 2010. The most recent progress note dated July 15, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in range of motion and tenderness to palpation. Diagnostic imaging studies were not addressed. Previous treatment includes medications and conservative care. A request had been made for morphine extended-release and was not certified in the pre-authorization process on July 23, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15 mg, 30 day supply # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 79, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75, 78, 92 & 97.

Decision rationale: As noted in the MTUS, this medication is indicated for those individuals who require continuous dosing. However, there also has to be objective occasion of efficacy demonstrated by increased functionality and decrease pain complaints. Neither of these criterion

are met. Therefore, based on the markedly limited clinical information presented for review there is insufficient data presented to support the medical necessity of this intervention.