

Case Number:	CM14-0126336		
Date Assigned:	09/26/2014	Date of Injury:	05/15/2006
Decision Date:	10/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 40 year old female presenting with chronic pain following a work related injury on 05/15/2006. The claimant was diagnosed with postlaminectomy syndrome of the lumbar region, pain in the thoracic spine, chronic pain syndrome, drug dependence not otherwise specified, obesity, GAD, lumbago, sleep disturbance, and skin sensation disturbance. On 07/22/2014, the claimant complained of diffuse back pain and right lower extremity pain as well as bilateral knee pain. The claimant's medications included Welbutrin, Oxycodone, Zanafle, Lidoderm 5% patch, Lyrica, MS Contin, Ambien, and Xenical. The physical exam did not show any significant findings on that day. A claim was placed for Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul. Tab. 200mg ER Day Supply: 30 Qty:60 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; regarding Morphine Sulfate; criteria for use of opioids;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Morphine Sul. Tab. 200mg ER Day Supply: 30 Qty: 60 Refills: 00 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are

recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.