

Case Number:	CM14-0143519		
Date Assigned:	09/10/2014	Date of Injury:	06/16/2008
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine 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:

According to the records made available for review, this is a 44-year-old female with a 6/16/08 date of injury. At the time (8/25/14) of request for authorization for Retrospective DOS: 8/24/14: Morphine Sulfate ER 15mg, #60 with 0 refills, there is documentation of subjective (bilateral shoulder pain radiating to arms and neck pain) and objective (decreased sensation in bilateral deltoid patch, lateral and medial forearm and decreased shoulder range of motion) findings, current diagnoses (chronic pain due to trauma, cervical strain, cervical degenerative disc disease, and cervical spinal stenosis), and treatment to date (medications (including ongoing treatment with Norco, Lasix, Pennsaid, and Omeprazole) and acupuncture). Medical report identifies medications enable the patient to do simple chores around the house and provide some pain relief. In addition, medical report identifies that there is an ongoing opioid treatment assessment. There is no documentation that the patient is in need of continuous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 8/24/14: Morphine Sulfate ER 15mg, #60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of Morphine sulfate. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain due to trauma, cervical strain, cervical degenerative disc disease, and cervical spinal stenosis. In addition, there is documentation of chronic pain and ongoing treatment with Morphine sulfate. Furthermore, given documentation that there is an ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. Lastly, given documentation that Morphine sulfate enables the patient to do simple chores around the house and provide some pain relief, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Morphine sulfate use to date. However, despite documentation of chronic pain, there is no documentation that the patient is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for Retrospective DOS: 8/24/14: Morphine Sulfate ER 15mg, #60 with 0 refills is not medically necessary.