

Case Number:	CM14-0168755		
Date Assigned:	10/16/2014	Date of Injury:	01/25/2007
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 55 year old man who was injured on 1/25/2007. The diagnosis is low back pain. On the most recent note dated 10/20/2014, [REDACTED] noted subjective complaint of low back pain that is aggravated by physical activities. There was mild tenderness to palpation and slight decrease in range of motion. The pain score was 7/10 on a scale of 0 to 10. The UDS showed the presence of marijuana. It was noted that the patient had a medical marijuana card which he uses for sleep and knee pain. The morphine sulfate medication dosage was recently decreased. The records indicated that the patient did not respond to other pain medications but there was no detail in the records. A Utilization Review was rendered on 10/7/2014 non certification for morphine sulfate 30mg bid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 50 mg, QTY: 60: 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 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids. Medical Marijuana.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of opioids for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records noted that the patient did not do well with other pain medications but there was no detail on the medications that was utilized. The subjective and objective findings did not indicate a severity of pain that would require a high dose of opioid medication. The record did not show that the patient have failed treatment with non opioid medications, PT and home exercise program. The records showed that the patient is utilizing medical marijuana for the treatment of knee pain and insomnia. The systemically administered marijuana that is effective for the knee would be effective for other pain locations. The ODG guidelines does not recommend the use of chronic opioid treatment in patient utilizing chronic marijuana because of significant interaction that could lead to increase in psychoactive effects and cognitive decline in memory, recall and ADL. The criteria for the use of morphine 30mg bid #60 were not met. The request is not medically necessary.