

Case Number:	CM14-0097216		
Date Assigned:	07/28/2014	Date of Injury:	03/15/1999
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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, Pain Medicine and is licensed to practice in 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 injured worker is a 71-year-old female who reported an injury on 03/15/1999 due to lifting boxes. The injured worker had a history of back pain with a diagnosis of lumbago. No diagnostics are available. Treatments included medication and exercise program. The objective findings dated 05/21/2014 to the lumbar spine revealed standing position was equally distributed; tenderness to palpation to the pelvic rim bilaterally rated moderate with functional tenderness; left sciatic notch tenderness rated moderate and mild tenderness on the right. Range of motion with flexion was 40 degrees, extension 30 degrees, and lateral bend 15 degrees bilaterally. Gait was within normal limits. The medications included Prozac 20 mg, Zocor 20 mg, Avinza 90 mg, and Docusate 50 mg. The injured worker reported her pain 10/10 being the least and worst amount of pain using the VAS, with a consistent frequency. The plan was to continue current medication, common sense precautions with activities, activities as tolerated, and return to clinic in 4 weeks. The request for authorization dated 06/25/2014 was submitted with documentation. The rationale was the Avinza after evaluation was providing relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 60mg ER, supply 30, quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Chronic Pain Page(s): 23, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 78 & Avinza (morphine sulfate) Page(s): 23.

Decision rationale: The request for Morphine Sulfate 60 mg ER, supply 30, quantity 15 is not medically necessary. The California MTUS recommend that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The California Guidelines indicate that Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The clinical notes indicate that the injured worker rated her pain 10/10 for least and 10/10 worst pain. The clinical note also indicated that the Avinza was providing relief for the injured worker injured worker. The clinical notes from 01/29/2014 indicated that the injured worker's pain was a 10/10 at least severity. Indicating that the no efficacy with the Avinza. The clinical notes were not evident of documentation of any aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.