

Case Number:	CM14-0214354		
Date Assigned:	01/07/2015	Date of Injury:	02/02/2002
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 62 year old male with a 2/02/02 date of injury. No PR2 was submitted with the treatment request. Based on the 10/04/13 progress report, patient complains of "constant neck and headache pain." Exam shows "tender over occipital nerves" and "MRI shows foraminal stenosis at C2-3. Diagnoses for this patient are: 1. Occipital neuralgia/cervical radiculopathy. 2. Facet arthritis. 3. Myofascial pain. The utilization review being challenged is dated 12/01/14. The request is for MORPHINE SULFATE 15MG UP TO 6/DAY #180. The requesting provider has provided reports from 08/17/11 through 10/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg up to 6/day #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Opioids for Chronic Pain Page(s): 76-78, 88, 89, 80-81.

Decision rationale: This patient presents with persistent neck and headache pains. The request is for morphine sulfate 15 up to 6/day #180, however, no PR2 report was submitted with the treatment request. Regarding use, opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options. If used on a long-term basis, the criteria for use of opioids should be followed as outlined by MTUS guidelines, pages 88 and 89: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Also, MTUS page 78, requires documentation of the four As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. 6/20/13: "MS Contin/MS" 5/20/13: "Continue MS Contin" 4/22/13: "Change from Oxycontin to MS Contin" 3/25/13: "Oxycontin, Tizanidine, Oxycontin prn" 2/28/13: Oxycontin 1/29/13: Oxycontin 1/3/13: Oxycontin 10/4/12: Oxycontin

Patient presents with chronic neck and headache pains, stemming from an injury date in February of 2012. A review of progress reports indicates use of Morphine Sulfate, or its derivative, MS Contin or Oxycontin, since October of 2012. While opioids are not recommended for headaches, due to the risk of medication overuse, MTUS guidelines, pages 88 and 90, outlines the criteria for long-term users of opioids. Review of the reports do not show any discussion regarding the chronic, long-term opiate use. Furthermore, there is no documentation of the four A's (Analgesia, ADL's, Adverse effect, Aberrant behavior). Given the lack of discussion to taper opioid use and the absence of documentation of the four As, as required by MTUS guidelines, modification in the quantity seems appropriate, to initiate a tapering schedule. However, on-going use of Morphine Sulfate is not medically necessary.