

Case Number:	CM15-0011128		
Date Assigned:	01/29/2015	Date of Injury:	11/14/2004
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 68-year-old male who reported an injury on 11/14/2004 due to an unknown mechanism of injury. The injured worker reported recent history of falls secondary to numbness and tingling in the lower extremities. The injured worker's medications included Percocet, morphine, and Dulcolax. Physical examination findings included decreased upper extremity and lower extremity sensation, symmetric deep tendon reflexes, and normal heel toe walk. The injured worker had tenderness to palpation of the lumbar and cervical spine with a noted kyphotic thoracic deformity. The injured worker had limited range of motion of the lumbar spine and cervical spine with a positive straight leg raise test bilaterally. The injured worker's diagnoses included acute on chronic right ankle pain, status post prior surgery, tendon tear in the right ankle with fracture fragments, acute on chronic low back pain secondary to right lower extremity injury, and depression secondary to metastatic disease. The injured worker's treatment plan included a weaning protocol for no Norco and Soma and morphine. The injured worker was provided a prescription of Valium and Robaxin. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30 mg #118: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested morphine extended release 30 mg #118 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documented functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Additionally, there is no documentation that the injured worker has significant pain relief or functional benefit from medication usage. Therefore, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested morphine extended release 30 mg #118 is not medically necessary or appropriate.