

Case Number:	CM15-0014533		
Date Assigned:	02/02/2015	Date of Injury:	07/13/1994
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female who reported an injury on 07/13/1994. The mechanism of injury was not provided. Her diagnoses are noted as arachnoiditis, abnormality of gait, chronic pain syndrome, and chronic meningitis. Her past treatments were noted to include medication, a walker, an assist dog, and activity modification. Her diagnostic studies were not provided. Her surgical history was not provided. The most recent clinical documentation provided was dated 10/28/2014, however, the documentation was not legible. The most recent documentation that was legible was dated 07/15/2014. During that assessment, the injured worker complained of chronic back and leg pain. The physical examination revealed the injured worker was walking different after her left hip had healed. Range of motion of the right hip was no longer tender. Her medications were noted to include MS-Contin 15 mg, Lyrica 100 mg, Premarin 0.9 mg, Levoxy 50 mcg, Zanaflex 4 mg, Ambien 10 mg, Vicodin 5 mg, oxycodone 5 mg, and Celebrex 20 mg. The treatment plan and rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #84: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, Non-MTUS Official Disability Guidelines Web Edition

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

Decision rationale: The request for Morphine Sulfate ER 15mg #84 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.