

Case Number:	CM15-0125561		
Date Assigned:	07/16/2015	Date of Injury:	10/06/2000
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 10/06/2000. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having post lumbar laminectomy syndrome, disorder of sacrum, thoracic/lumbar neuritis/radiculitis, and pain in shoulder joint. Treatment and diagnostics to date has included recent right shoulder surgery and medications. In a progress note dated 06/02/2015, the injured worker presented with complaints of bilateral leg pain, back pain, and low back pain which was rated at least an 8 and at worst a 10 and notes she is status post right shoulder surgery. The physician notes that Norco is not strong enough to manage her pain alone, has used Morphine in the past with relief, will trial Morphine Sulfate Immediate Release (MSIR). Objective findings include no signs of sedation or withdrawal and in moderate distress. The treating physician reported requesting authorization for Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg, quantity: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documented the injured worker's least reported pain over the period since last assessment as an 8, minimal reduction of pain, and no improvement in function while using the Norco four times daily. The physician is requesting a trial of Morphine Immediate Release (MSIR) to replace the non-effective Norco. Therefore, based on the Guidelines and the submitted records, the request for Morphine is medically necessary.