

Case Number:	CM15-0178447		
Date Assigned:	09/18/2015	Date of Injury:	09/20/2002
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55-year-old male, who sustained an industrial injury on 09-20-2002. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical post-laminectomy syndrome and neck pain. Treatment and diagnostics to date has included cervical spine surgery, cervical epidural steroid injections, spinal cord stimulator trial, cervical spine MRI, cervical medial branch blocks, and medications. Medications have included Morphine, Percocet, Klonopin, anti-inflammatories, and Cymbalta. In a progress notes dated 07-10-2015 to 08-10-2015, the injured worker reported chronic neck pain rated 8 out of 10 on the pain scale without pain medication and 4 out of 10 with Morphine, which has been stable. The treating physician noted that "the patient states that he is able to perform self-hygiene such as brushing his teeth, showering, and putting on clothes better with less pain with use of medications". Objective findings noted on 08-10-2015 progress note included limited range of motion to cervical spine, tenderness to palpation over the right trapezius, right shoulder, and right forearm, and decreased sensation along the right C8 distribution. The request for authorization dated 07-14-2015 requested Morphine Sulfate ER 60mg 1 tablet TID (three times daily), Quantity: 270, Morphine Sulfate ER 30mg 1 tablet TID, Quantity: 270, and Cymbalta. The Utilization Review with a decision date of 08-20-2015 modified the request for Morphine Sulfate ER 30mg #270 to Morphine Sulfate ER 30mg #98, non-certified the request for Morphine Sulfate ER 60mg #270, and certified the request for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine Sulfate ER 30mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 30 mg #270 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post laminectomy syndrome; and neck pain. Date of injury is September 20, 2002. Request for authorization is July 14, 2015. According to the documentation, the injured worker has been using opiates long-term dating back to August 2012 (at a minimum). The start date for opiates is not specified. The treating provider prescribed morphine sulfate extended release 30 mg and 60 mg to be taken concurrently. The morphine equivalent dose (MED) exceeded the recommended guidelines of 120 based on Morphine sulfate 30 and 60 mg taken concurrently TID. The utilization review indicates morphine sulfate extended-release was recommended for weaning May 31, 2015 (#1135153). According to a progress note dated July 10, 2015, subjective complaints include chronic neck pain with the pain score of 4/10 with medications. Objectively, physical examination includes a cooperative, alert and oriented injured worker with no signs of sedation with documentation stating the trachea was midline with a skin examination. There was no musculoskeletal examination. There was no neurologic evaluation. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments. There were no risk assessments. There is no documentation of attempted weaning Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, an MED that exceeds the recommended guidelines of 120, no detailed pain assessments or risk assessments and no recent musculoskeletal and neurologic physical examination, Morphine sulfate ER 30 mg #270 is not medically necessary.

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