

Case Number:	CM15-0022965		
Date Assigned:	02/12/2015	Date of Injury:	09/07/2002
Decision Date:	05/13/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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
 Certification(s)/Specialty: Emergency 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 54-year-old female, with a reported date of injury of 09/07/2002. The diagnoses include degenerative spondylosis of the lumbar spine, chronic low back pain, myofascial pain syndrome, degenerative cervical spondylosis, and pain disorder with psychological/general medical condition. Patient is post C4-5 and C5-6 fusion on 7/14/03. Patient has extensive comorbidities including diabetes, morbid obesity, hypertension and asthma with active smoking. Treatments to date have included behavioral medicine, methadone, Percocet, and Norco. The progress report dated 12/12/2014 indicates that the injured worker complained of chronic low back pain. It was noted that the current pain medications helped the injured worker maximize her level of physical function and improve her quality of life. The pain was rated 8-9 out of 10; and the average pain was rated 9 out of 10. Patient is noted to be on Methadone 10mg, Percocet 10/325, Norco 10/325 and Morphine Sulfate 15mg. Multiple Utilization reviews have significant warnings concerning non-compliance, abnormal Urine drug screen and denials of multiple requests. The treating physician requested Morphine 15mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul tab 15mg ER, QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, 80. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Morphine sulfate is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no recent documentation provided. Multiple prior documentations fails all required criteria. Patient is on extensive opioid therapy on multiple opioids daily which exceed the maximum recommended dose of 120mg Morphine Equivalent Dose a day with continued severe pain despite claims of the contrary. There is no appropriate monitoring for abuse despite history of noncompliance and abnormal urine drug screen. There is no recent documentation of review of CURES or urine drug screen. There is no appropriate plan. This is a high-risk patient that fails all criteria for recommendation for any opioid therapy. Morphine Sulfate is not medically necessary.