

Case Number:	CM15-0033671		
Date Assigned:	02/27/2015	Date of Injury:	08/17/2009
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 42-year-old male, who sustained an industrial injury on 8/17/2009. The diagnoses have included lumbar sprain. Treatment to date has included conservative measures. Currently, the injured worker complains of pain to his low back, left shoulder, and left flank/rib pain. He reported that his medication was helpful and well tolerated. He was not working. Current medications included Naproxen, Flexeril, Gabapentin, and MS Contin. He wished to switch back to Morphine IR (immediate release), since he had to pay for it out of pocket, and MS Contin was too expensive for him. He was able to get out of bed, shower, walk greater than 30 minutes, bend over and pick things up, complete activities of daily living, and takes care of himself with the use of medication. A left shoulder surgery was pending authorization. Pain was rated 6-7/10 with medications and 8-9/10 without. Physical exam noted 5/5 lower extremity strength, slightly decreased sensation over the left lateral leg, tenderness over the lumbar paraspinals, pain with lumbar flexion and extension, and positive straight leg raise on the left side. Tenderness to palpation was noted to the lateral ribs on the left. Left shoulder range of motion was 110 degrees with abduction and flexion and strength was 5-/5. Positive drop arm test was noted. Treatment plan included Morphine Sulfate 30mg (1 tablet every 8 hours as needed). Orthopedic consul, dated 12/11/2014, noted review of magnetic resonance imaging, and physical exam suggestive of rotator cuff tears. Prior authorization requests were noted for MS Contin 15mg #90. On 2/09/2015, Utilization Review non-certified a request for Morphine 30mg #90, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain and left chest wall pain. The current request is for morphine 30mg #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been taking Morphine since at least 7/24/14. Progress reports note a decrease in pain from average 8/10 to 6/10 with the use of medications. The patient is able to get up out of bed, shower and care for himself with medications. He is also able to walk 30 minutes or more, bend over, and pick up things off the floor. The patient denies any significant side effects and there no aberrant behaviors. The patient was reported to have a signed opioid contract on file and has agreed to receive opioids only from one physician. In this case, the treater has provided adequate documentation addressing the 4A's as required by MTUS for opiate management. The requested Morphine is medically necessary.