

Case Number:	CM15-0072437		
Date Assigned:	04/22/2015	Date of Injury:	02/27/2006
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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, California
Certification(s)/Specialty: Family Practice

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 62 year old male who sustained an industrial injury on February 27, 2006. Prior treatment includes medications, surgery, spinal cord stimulator trial and orthotics. Currently the injured worker complains of bilateral foot and bilateral leg pain. He describes the pain as aching and sharp. Diagnoses associated with the request include chronic pain syndrome. The treatment plan includes medications to include Kadian and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 60mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, when to continue/discontinue opioids, weaning of medications Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: In this case, the claimant was known to have opioids dependence. The total Morphine equivalent dose of Morphine and Oxycodone combined exceeded the maximum

recommended daily amount of 120 mg of Morphine. In addition, the pain is not well controlled per the claimant's statement on 8/4/12 when the claimant was on a higher dose of Morphine. A progress note on 8/25/14 does not indicate pain score levels. Continued and chronic use of Morphine is not justified and not medically necessary.