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| Case Number: | CM15-0076851 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 08/27/2001 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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 58 year old male patient who sustained an industrial injury on 08/27/2001. A pain management follow up visit dated 11/06/2014 reported current complaint of neck pain. He did undergo significant surgical intervention and is now with failed cervical surgery syndrome. The neck pain continues as a deep pain that radiates into upper scapular region; right greater. In addition, he is with complaint of headache. He reports the current medication regimen is allowing him to function with activities of daily living. He takes OxyContin, Topamax, and Zanaflex. He has been deemed permanent and stationary. The impression noted occipital neuralgia, secondary chronic headache with migraine. The following diagnoses are applied: radiculopathy, cervical; spasm muscle, other pain related disorder psychological factors; occipital neuralgia; unspecified neuralgia neuritis and radiculitis; failed back syndrome, cervical and degenerative disc disease, cervical. A supplemental pain evaluation visit dated 09/21/2012 reported current complaints of neck and low back pain. He reports the pain is rather severe and he is in pain 24 hours daily and cannot seem to get on top of the pain. He is prescribed: Fentanyl patch, Roxicodone, Norco, Imitrex, Valium and a muscle relaxer. Of note, there has been substantial decrease in medications over the last few months. The impression noted status post work related injury with chronic neck pain following a multi-level cervical fusion, as well as low back pain with upcoming lumbar spinal fusion surgery. He also is noted with a high Opioid tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #150: Upheld

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

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

Decision rationale: According to the guidelines, morphine is not 1st line for mechanical etiologies or nerve root pain. In this case, the claimant was on multiple opioids for a prolonged period of time with persistent pain. No one opioid is superior to another. In addition, the dose of Morphine requested exceeds the daily 120mg maximum recommended by the guidelines. The request for Morphine as above is not medically necessary.