

Case Number:	CM15-0079757		
Date Assigned:	04/30/2015	Date of Injury:	10/28/2011
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, West Virginia, Pennsylvania
 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 51 year old male who sustained a work related injury October 28, 2011. According to a primary treating physician's progress report, dated March 17, 2015, the injured worker presented with a complaint of chronic pain in his lumbar spine with radiation of pain to his lower extremities, bilaterally. The pain is rated 6/10 with medication and 8/10 without medication. He was a candidate for lumbar spine surgery but was not authorized. There is spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Diagnoses are chronic nonmalignant pain of the low back and lumbosacral radiculopathy. Treatment plan included request for authorization of Morphine Sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 74-96.

Decision rationale: Guidelines recommend morphine to be reserved for patients with chronic pain who are in need of continuous treatment. Guidelines do not recommend long term use of opioids unless there is documented efficacy and increased function and discontinuation should be considered if there is continuing pain. In this case, there has been no documented change in pain control or functional improvements and weaning is recommended. The request for morphine sulfate 15 mg #90 is not medically appropriate and necessary.