

Case Number:	CM14-0118987		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2010
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male who reported an injury after walking into an aisle after retrieving some cases when he was struck by a forklift; the forklift knocked the injured worker down and it ran over his leg on 07/01/2010. The clinical note dated 04/17/2014, indicated diagnoses of the lower limb, RSD of the lower limb, knee pain, hip bursitis, shoulder pain and low back pain. The injured worker reported with medications his pain was 6/10, without medications his pain was 7/10. The injured worker reported no new problems or side effects. Quality of sleep was poor. Activity level had remained the same. The injured worker reported taking his medications as prescribed. The injured worker reported that he had not received many of his medications and was unsure as to whether he received the Norco medication. The injured worker's wife reported the medications are authorized at random times, sometimes 1 week after turning in the script, sometimes 2 to 3 weeks. Physical examination of the lumbar spine, range of motion was restricted with pain, palpation paravertebral muscle spasms, tenderness and tight muscle bands were noted on both sides with a lumbar facet loading that was positive bilaterally. The injured worker's shoulder exam revealed crepitus with range of motion testing. Movements were restricted with pain with a Hawkin's test that was positive. There was tenderness with biceps groove and subdeltoid bursa. The injured worker's left hip revealed restricted range of motion with tenderness over the trochanter with a positive faber test. The injured worker's ankle examination revealed trauma with medial tibial skin depression scarring noted and movements were restricted with pain. The injured worker's treatment plan included referral for treatment of low back and referral for depression. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Avinza, Cymbalta, Lidoderm, Lyrica and Zanaflex, zolpidem, Norco, Viagra, aspirin and

nabumetone. The provider submitted a request for morphine sulfate. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Cap 60mg ER (extended release), quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78..

Decision rationale: The request for Morphine Sulfate Cap 60mg ER, qty 30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. This medication, morphine sulfate, was modified 07/11/2014, for weaning. In addition, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency. Therefore, the request for morphine sulfate is not medically necessary.