

<b>Case Number:</b>	CM13-0055573		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/05/2000
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of January 5, 2000. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, and a 32% whole-person impairment rating. In a Utilization Review Report of July 2, 2013, the claims administrator reportedly denied the request for oxycodone and morphine. The applicant's attorney subsequently appealed. An earlier handwritten note of September 27, 2013 is notable for comments that the applicant presents with chronic low back pain. The applicant's pain is constant in nature and is progressively worsening over time. A 5/5 lower extremity strength is appreciated despite limited range of motion about the lumbar spine. Radiofrequency ablation procedure is seemingly sought. It does not appear that the applicant is working. In a Medical Legal Evaluation of March 25, 2013, the applicant is given diagnosis of chronic regional myofascial syndrome, fibromyalgia, chronic low back pain, sacroiliac joint pain, and adhesive capsulitis. The applicant is also having psychological issues superimposed on the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone (Dilaudid) 10 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines long-term use of Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that these criteria have been met. The applicant's work status has not been clearly detailed on any recent progress note. It does not appear that the applicant is working with her 32% whole-person impairment rating in place. There is no evidence of improved pain and/or reduced function effected as a result of ongoing opioid usage. If anything, the most recent progress note suggested that the applicant is reporting heightened pain complaints despite ongoing Dilaudid usage. Therefore, the request is not certified, on Independent Medical Review.

**Morphine sulfate 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines long-term use of Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As with the request for oxymorphone (Dilaudid), the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does not appear to have returned to work. The applicant does not exhibit any evidence of reduced pain and/or improved functioning effected as a result of ongoing morphine usage. Therefore, the request for continuation of morphine is not certified.