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| Case Number: | CM13-0057168 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 05/21/2010 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 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 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 applicant filed a claim for chronic low back pain and epigastric pain reportedly associated with an industrial injury of May 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; long and short-acting opioids; adjuvant medications; lumbar facet injections; epidural steroid injection therapy; and earlier shoulder surgery. The applicant is also apparently using medical marijuana, it is suggested on a December 17, 2013 progress note. In a Utilization Review Report of November 11, 2013, the claims administrator apparently denied multiple requests for morphine. The applicant's attorney subsequently appealed. A clinical progress note of December 17, 2013 is notable for comments that the applicant reports persistent chronic low back pain, 6/10. The patient is on Neurontin, Naprosyn, and Zestril, it is stated in one section of the report. The applicant also has hypogonadism and is a marijuana user, it is stated in another section of the report. The applicant is status post CABG and continues to smoke six to ten cigarettes a day. The applicant is severely obese with a BMI of 55. Dilaudid and Neurontin are endorsed. On September 6, 2013, the applicant was described as using Zantac, Zestril, Dilaudid, and Neurontin for chronic low back and knee issues. Dilaudid and Neurontin were endorsed on this date as well. In an October 12, 2012 medical-legal evaluation, it is stated that the applicant has not worked since May 21, 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SUL CAP 60MG ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant is using several different opioids, including Dilaudid and morphine. There is no mention made of morphine sulfate on any recent 2013 progress note. The bulk of the progress note on file referred to usage of Dilaudid as opposed to usage of morphine. It is not clearly stated why extended release morphine is being added to the mix. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines states that immediate discontinuation is suggested for usage of illicit drugs and/or alcohol. In this case, the applicant is using marijuana, an illicit substance, it is suggested in several reports. Ongoing opioid therapy with morphine is not indicated, for all the stated reasons. Therefore, the request is not certified, on Independent Medical Review.

MORPHINE SUL TAB 30MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: As with the prior request for morphine, there is no evidence that the applicant meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. There is no mention of the applicant's improving function and/or reducing pain as a result of ongoing opioid therapy. If anything, the applicant's activity level is poor as he is continuing to gain weight over time. Finally, the fact that the applicant is using an illicit substance, marijuana, suggests that immediate discontinuation of opioids should be considered, as noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

MORPHINE SUL TAB 60MG ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: As with the other requests for morphine, the applicant's illicit substance abuse/concurrent marijuana usage suggests that he is an appropriate candidate for discontinuation of opioids, as noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, which endorses immediate discontinuation for applicants who are using illicit drugs and/or alcohol. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines states that the lowest effective dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has not clearly stated why multiple opioid agents, including the multiple morphine variants proposed above and Dilaudid, are both needed or indicated. Therefore, the request remains not certified, for all the stated reasons.