

Case Number:	CM14-0182389		
Date Assigned:	11/07/2014	Date of Injury:	03/07/1993
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; earlier lumbar spine surgery; topical applications of heat and cold; and a lumbar support. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for short-acting morphine. The applicant's attorney subsequently appealed. In an April 23, 2014 progress note, the applicant reported ongoing complaints of low back pain, 10/10 without medications versus 4/10 with medications. The applicant also reported hypersensitivity and paresthesias about the feet. The applicant stated that his pain was exacerbated by activities such as walking, standing, and/or negotiating stairs. The applicant was using morphine, lidocaine gel, and a lumbar support, it was acknowledged. The applicant was asked to continue Kadian, morphine, and Lidoderm patches. It was stated that the applicant was already permanent and stationary. It did not appear that the applicant was working with permanent limitations in place. In a May 27, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs, worsening toward the end of the day. The applicant's pain complaints were interfering with sleep. The applicant was using both Kadian and short-acting morphine, it was noted. The applicant did report issues with opioid-induced constipation. The applicant was asked to obtain a CT scan of the lumbar spine on the grounds that he had a pacemaker in place. A spinal cord stimulator was pending. The applicant was described as "unable to return back to work." On June 25, 2014, the applicant again reported ongoing complaints of low back pain. It was reiterated that the applicant was not working. Authorization was sought for various analgesic medications and a lumbar support. The applicant was asked to consider epidural steroid injection therapy. The applicant reported 10/10 pain without medications versus 7/10

pain with medications. The applicant was having difficulty with sitting, standing, and walking activities secondary to paresthesias about the thighs. The applicant was using Kadian 200 mg daily along with short-acting morphine 50 mg four times daily. In a pain management note dated July 9, 2014, the applicant stated that he had been on a total daily dose of Kadian 320 mg for the past 15 years. The pain management consultant stated that the applicant was having difficulty getting up out of bed without his pain medications. The pain management consultant acknowledged that the applicant was only able to basic activities of daily living, such as going to the grocery store and doing laundry, despite ongoing opioid consumption. The applicant was using Kadian 80 mg three to four times daily, morphine 50 mg on an as-needed basis, Vicodin 10/325 mg nine times daily, and lidocaine patches, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine/Sulfate 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain topic and When to Continue Opioids topic Page(s): 81, 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is no longer working; it has been noted on several occasions, referenced above. While the attending provider did report some reduction in pain scores from 10/10 without medications to 7/10 with medications on June 25, 2014, this is outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid consumption. The applicant's continued difficulty performing sitting, standing, walking, lifting, negotiating stairs, etc., does not make a compelling case for continuation of opioid therapy. The attending provider's commentary to the effect that the applicant would be unable to get up out of bed without his medications does not, in and of itself, constitute meaningful improvement achieved as a result of ongoing opioid therapy. It is further noted that the applicant's consumption of short-acting morphine, extended release morphine (Kadian), and immediate release morphine, taken together, result in an overall daily dosage of morphine well in excess of the "upper limit of normal" of 120-150 morphine equivalents daily outlined on page 81 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.