

<b>Case Number:</b>	CM14-0150442		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/07/1993
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Other	<b>Application Received:</b>	09/16/2014

### 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. 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 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; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and opioid therapy. In a utilization review report dated July 21, 2014, the claims administrator failed to approve a request for Kadian and morphine sulfate. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported persistent complaints of low back pain, 8/10 without medications versus 5-6/10 with medications. The applicant stated that he would be bedridden without his medications and noted that he would be able to perform certain activities of daily living, such as walking, with his medications. It was stated that the applicant was considering further lumbar spine surgery. Kadian and morphine were renewed. The applicant was also asked to employ Lidoderm patches. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The applicant did have ancillary issues with depression, it was acknowledged. In a handwritten note dated October 21, 2014, difficult to follow, not entirely legible, the applicant apparently reported 10/10 pain without medications versus 6/10 with medications. The applicant was asked to continue Kadian and morphine. The applicant was, once again, placed off work, on total temporary disability. A lumbar support was endorsed. The applicant also reported ancillary complaints of depression, it was incidentally noted. Kadian and morphine were earlier endorsed via a progress note dated July 28, 2014. At that point, the applicant reported 7/10 pain with

medications versus 9-10/10 without medications. Limited range of motion was evident on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kadian 60mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 2009) Page 80.

**Decision rationale:** No, the request for Kadian, a brand of morphine, was not medically necessary, medically appropriate, or indicated here. 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 was/is no longer working; it was acknowledged on several progress notes, referenced above. The applicant was placed off work, on total temporary disability, it was noted, above. While the attending provider did report some reduction in pain scores from 10/10 without medications to 6/10 on one occasion, and 9/10 without medications to 7/10 with medications on another occasion, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. The applicant's commentary to the effect that he would be bedridden without his medications does not, in and of itself, constitute evidence of meaningful, material, or substantive benefit achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

**Morphine Sulfate 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 2009) Page 80.

**Decision rationale:** Similarly, the request for morphine sulfate, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. 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 was/is off work, it was acknowledged in late 2014. While the attending provider did outline some low-grade

reduction in pain scores from 9/10 without medications to 7/10 with medications on one occasion, these appear marginal to negligible and are, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy (if any). The applicant's commentary to the effect that he would be bedridden without his medications does not, in and of itself, constitute evidence of a meaningful, material, or substantive benefit achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.