

Case Number:	CM14-0197789		
Date Assigned:	12/08/2014	Date of Injury:	05/26/2010
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 May 26, 2010. In a Utilization Review Report dated November 9, 2014, the claims administrator denied a request for extended-release Morphine. The claims administrator cited a November 10, 2014, progress note in its denial. In a December 8, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6 to 8/10, exacerbated by cold weather, standing, bending and lifting. The applicant did report ongoing radicular pain complaints. The applicant had a history of alcoholism and substance abuse, it was acknowledged, and remained depressed. The applicant was given a diagnosis of chronic low back pain status post failed lumbar spine surgery. The applicant was asked to continue Morphine, Neurontin, Prilosec and Flexeril. The applicant was asked to perform home exercises. The applicant might require epidural injections if his pain remained unimproved. In a December 4, 2014, Psychological Qualified Medical Evaluation (QME), it was acknowledged that the applicant had not been employed in any kind of work since May 2010. The applicant was receiving worker's compensation indemnity benefits, but was not receiving Social Security Disability Issuance (SSDI) benefits; it was stated in one section of the note. In another section of the note, it was stated that the applicant had been granted Social Security Disability Insurance (SSDI). The applicant did report ongoing issues with anxiety, depression, nervousness, and panic attacks. The applicant did also report dependency on pain medications and apparently stated that he had difficulty walking and/or getting up out of the bed in the morning. The applicant stated that he was presently sober, but acknowledged that he had received two prior citations for driving under the influence (DUI). The applicant had apparently been terminated "for cause" by two prior employers. The applicant's Global Assessment of Functioning (GAF) was 45, it was acknowledged. In a telephone conference on November 19,

2014, the applicant was described as having flare of pain. On November 10, 2014, the applicant again reported some escalation of pain radiating to lower extremities. The applicant was asked to consider an epidural steroid injection and permanent work restrictions were renewed. The applicant was apparently not working with said limitations in place. The applicant was asked to continue Morphine, increase Neurontin, continue Prilosec, and continue Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Morphine ER 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Weaning of Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, the applicant is off of work. The applicant has apparently not worked since 2010. The applicant is receiving worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the applicant's medical-legal evaluator has acknowledged. The applicant is having difficulty performing activities of daily living as basic as standing, bending, lifting, and carrying, it has been acknowledged, despite ongoing Morphine usage. The applicant presented on multiple office visits, referenced above, including on December 8, 2014, and on November 10, 2014, reporting flares of low back pain. All of the foregoing, taken together, did not make a compelling case for continuation Morphine. Therefore, the request is not medically necessary.