

Case Number:	CM15-0002508		
Date Assigned:	01/13/2015	Date of Injury:	03/08/2001
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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, Ohio, 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 8, 2001. In a Utilization Review Report dated December 17, 2014, the claims administrator partially approved a request for morphine sulfate. The claims administrator did, however, approve a request for Linzess. The claims administrator referenced a December 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was given a primary diagnosis of failed back syndrome status post earlier lumbar spine surgery. The applicant was apparently using a cane to move about. The applicant had had physical therapy and acupuncture, it was acknowledged. The applicant had issues with anxiety and insomnia, it was stated. The applicant was using morphine sulfate on an as-needed basis up to four times a day. Morphine and Linzess were endorsed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. It was stated that the applicant had been using morphine immediate release 30 mg daily five tablets a day for the past 13 years. The applicant reported 10/10 pain without morphine. The applicant reported difficulty performing activities of daily living as basic as lying down, sitting, and walking. The applicant stated that swimming was helpful. In a November 20, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Numbness about the leg was noted. The applicant again reported difficulty with standing and walking activities. The applicant was always using a cane to move about, it was stated. The applicant's

BMI was 26. The applicant again reported issues with anxiety and difficulty sleeping. Morphine sulfate was prescribed. The applicant was reportedly pending a CT scan. The applicant's work status, once again, was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: No, the request for morphine, a short-acting opioid, 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, the applicant's work status was not clearly detailed, suggesting that the applicant was/is off of work. The applicant's continued commentary to the fact that she was having difficulty performing activities of daily living as basic as standing, walking, and sleeping, taken together with the attending provider's failure to document the applicant's work status, did not make a compelling case for continuation of opioid therapy with morphine and, furthermore, outweighed the attending provider's reports of analgesia achieved as a result of the same. Therefore, the request was not medically necessary.