

Case Number:	CM15-0105041		
Date Assigned:	06/09/2015	Date of Injury:	11/01/1994
Decision Date:	09/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, 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 59-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 1994. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for immediate-release morphine. The claims administrator referenced an RFA form received on May 8, 2015 in its determination. The applicant's attorney subsequently appealed. On a progress note dated May 7, 2015, the applicant had reported ongoing complaints of low back and hip pain with derivative complaints of depression. The applicant reported pain complaints as high as 9/10, despite ongoing medication consumption. In another section of the note, the attending provider stated that the applicant was trying to reduce opioid usage. The applicant was under the concurrent care of a psychiatrist, it was reported. The applicant was using a cane to move about. Both Kadian and immediate-release morphine were renewed while the applicant was kept off of work. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS IR 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for morphine sulfate immediate-release (MSIR), 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, however, the applicant was placed off of work; it was reported on May 7, 2015. The applicant was using a cane to move about on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing morphine sulfate immediate release (MSIR) usage. Therefore, the request is not medically necessary.