

<b>Case Number:</b>	CM15-0134008		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/25/1987
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 70-year-old who has filed a claim for chronic low back, foot, knee, hand, neck, and shoulder pain reportedly associated with an industrial motor vehicle accident (MVA) of March 25, 1987. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for extended release morphine and Norco. The claims administrator referenced a June 9, 2015 progress note and associated June 10, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported ongoing complaints of low back, neck, and hip pain. The applicant was status post left and right hip replacements, a left knee replacement surgery, a left shoulder surgery, and a lumbar discectomy surgery at L4-L5, it was reported. The applicant was described as not "employed" and "disabled", it was reported. The applicant was also described as severely obese, weighing 352 pounds. The applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant's medications included Norco, extended release morphine, baclofen, AndroGel, MiraLax, Nexium, felodipine, irbesartan, Tenormin, hydrochlorothiazide, Zyrtec, and Zocor, it was reported. The applicant was asked to try to lose weight and consult a shoulder surgeon. Opioids were continued. On July 7, 2015, the applicant reported ongoing complaints of severe, aching, and throbbing shoulder pain with moderate, sharp, and stabbing low back pain. The applicant was on four to eight tablets of Norco daily, it was reported. The applicant was using 180 tablets of Norco monthly. The applicant was also using extended release morphine, it was reported, on a twice daily basis, in addition to baclofen, AndroGel, MiraLax, Nexium, felodipine, irbesartan, Tenormin, Zyrtec,

hydrochlorothiazide, Zocor, it was reported. The attending provider stated that the applicant's pain complaints, overall, were constant, moderate intensity, and worsened by any kind of activity, including sitting, lifting, bending, and/or walking. The attending provider then stated that the applicant's medications did ameliorate the applicant's pain complaints but did not elaborate further. The applicant was asked to continue opioid therapy. It was suggested that the applicant was considering further shoulder surgery. The attending provider stated that the applicant's medications were improving the applicant's function and reducing pain levels but did not elaborate or expound upon the same.

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

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

**MSER 30mg Qty 120.00:** Upheld

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

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

**Decision rationale:** No, the request for extended release morphine, a long-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 was off work and had been deemed disabled; it was reported on multiple office visits, referenced above, including on the most recent office visit of July 7, 2015. On July 7, 2015, the applicant stated that his pain complaints were exacerbated by any kind of activity, including sitting, lifting, bending, walking, prolonged positions, etc. Moderate-to-severe pain complaints were reported on that date. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing morphine usage. Therefore, the request was not medically necessary.

**Norco 10/325mg Qty 180.00:** Upheld

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

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

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, 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 off work and had been deemed disabled; it was reported on July 7, 2015. The applicant reported moderate-to-severe pain complaints on that date. Any kind of activity, including sitting, standing, bending, etc., was described as problematic, it was reported on July 7, 2015. The attending provider failed, in short, to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.