

Case Number:	CM15-0143761		
Date Assigned:	08/04/2015	Date of Injury:	09/16/1998
Decision Date:	09/02/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/24/2015

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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 1998. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for injectable morphine plus Phenergan and oral Norco. A partial approval of Norco was, however, issued, seemingly for tapering purposes. A June 18, 2015 progress note was also cited in the determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant was given morphine-Phenergan injection in the clinic setting owing to reported severe pain, 9/10. The attending provider stated that the applicant was deriving a 50% reduction in pain scores as a result of ongoing medication consumption. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. The applicant was asked to pursue a piriformis injection. The applicant was also using oral Norco, ibuprofen, and oral Gralise (Gabapentin) for pain complaints. The applicant was also using Wellbutrin for depression. The attending provider stated that the applicant's ability to perform unspecified activities of daily living was ameliorated because of ongoing medication consumption but did not elaborate further. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. In a pain management note dated March 25, 2015, it was acknowledged that the applicant was off of work. The applicant had undergone eight back surgeries and a spinal cord stimulator implantation without significant relief. The applicant was described as having 'intractable' pain complaints. A piriformis injection was endorsed. The applicant's medication list included Wellbutrin, Valium, Neurontin, Norco, and senna, it was reported. On June 18, 2015, the attending provider acknowledged that the applicant was not working and was applying for Social Security Disability Insurance (SSDI). The applicant was using a cane to move about, it was

reported. 8/10 pain complaints were noted. The attending provider then stated that the applicant's pain scores and abilities to perform activities of daily living were ameliorated by '50%' because of ongoing medication consumption. The applicant was again given an injection of morphine plus Phenergan in the clinic setting while multiple medications, including Norco, Wellbutrin, and Gralise were renewed. The applicant was also given injectable morphine in the clinic setting on March 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One injection of Morphine 10mg with Phenergan 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87.

Decision rationale: No, the request for an injection of morphine plus Phenergan was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, injections of opioids such as the morphine plus Phenergan injection at issue are 'never indicated' except for conditions involving acute, severe trauma. Here, however, there was no evidence that the applicant had in fact sustained any kind of acute, severe trauma on or around the date in question, June 18, 2015. The morphine injection at issue was, thus, not indicated in the clinical context present here, per the MTUS Guideline in ACOEM Chapter 3, page 48, as there was no evidence that the applicant had sustained any kind of acute traumatic insult on or around the date in question, June 18, 2015. Page 87 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that frequent clinic appointments in 'distress' represent an indicator for possible misuse of controlled substances and/or addiction. Here, the applicant's presentation in the clinic setting on multiple office visits of June 18, 2015, April 30, 2015, and March 10, 2015 for the purposes of obtaining injectable morphine, thus, did represent a marker of potentially addictive behavior. The intramuscular morphine plus Phenergan injection at issue, thus, ran counter to principles set forth both in the MTUS Guideline in ACOEM Chapter 3, page 48 and on page 87 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

One prescription Norco 10/325mg #140: 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 because of the same. Here, however, the applicant was off of work, it was acknowledged on June 18, 2015. The applicant was applying for Social Security Disability Insurance (SSDI), it was acknowledged. While the attending provider stated that the applicant had effected a 50% reduction in pain scores and a 50% improvement in activities of daily living as a result of ongoing medication consumption, these reports were, however, belied by the applicant's frequent presentations to the clinic setting, including on June 18, 2015, April 30, 2015, and March 10, 2015 for the specific purposes of obtaining injectable opioids. The attending provider did not outline specific functions or functionalities which had been ameliorated as a result of ongoing Norco usage in his June 18, 2015 progress note, which, coupled with the applicant's failure to return to work, outweighed any subjective reports of analgesia effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.