

Case Number:	CM15-0165737		
Date Assigned:	09/04/2015	Date of Injury:	08/28/2002
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 28, 2002. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for extended-release Morphine. The claims administrator referenced a date of service of July 24, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated September 2, 2015, the attending provider appealed previously denied Morphine and Tramadol. The attending provider seemingly acknowledged that the claimant was no longer using either drug and was now on methadone. The appeal letter was some six pages long. The attending provider contended that the claimant's pain scores were reduced from 9/10 without medications to 4 to 5/10 with medications and also suggested that the claimant had returned to part-time work at a rate of three days a week. The attending provider also contended that claimant's ability to walk longer distances and perform household chores has been ameliorated as a result of ongoing medication consumption. On July 24, 2015, the claimant reported ongoing complaints of low back pain with derivative complaints of anxiety, depression and suicidal thoughts. Claimant's medications included Prilosec, senna, Tramadol, Lodine, extended-release Morphine, ThermaCare heats wraps, and Effexor. Several of the same were renewed. Permanent work restrictions were renewed. It was not clearly stated whether the claimant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Morphine Sulfate ER 30mg #120 (DOS: 07/24/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for extended-release Morphine, a long-acting opioid, was 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 working on a part-time basis at a rate of three days a week, the treating provider contended via an appeal letter dated September 2, 2015. The claimant's pain scores were appropriately reduced from 9/10 without medications to 4 to 5/10 with medications. The attending provider also contended that claimant's ability to walk for up about 30 minutes continuously had been achieved as a result of ongoing medication consumption, including ongoing Morphine usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.