

<b>Case Number:</b>	CM15-0182751		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/09/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 9, 2000. In a utilization review report dated September 8, 2015, the claims administrator failed to approve requests for morphine and Norco. The claims administrator referenced an August 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the claimant reported ongoing complaints of low back and leg pain. The claimant also reported superimposed issues with headaches. Highly variable pain complaints in the 8-10/10 range were reported. The claimant had undergone earlier failed lumbar laminectomy surgery, it was reported. The claimant had superimposed issues with renal insufficiency, it was acknowledged. The claimant contended that his pain medications were allowing him to get up out of bed and shower. The applicant was severely obese, with a BMI of 35. The claimant was described as having superimposed issues with depression. Fiorinal, morphine sulfate, and Norco were endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On July 22, 2015, the applicant was described as using a cane to move about. Fiorinal, Norco, morphine sulfate, and Embeda were prescribed. Once again, the applicant was described as depressed. Once again, the applicant's work status was not reported. The applicant's BMI was 35.5, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR 30mg #60: Upheld**

**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:** No, the request for morphine sulfate immediate release, 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's work status was not detailed on progress notes of August 26, 2015 and July 22, 2015, it was suggested the applicant was not, in fact, working. The applicant was using a cane to move about, it was acknowledged. Pain complaints as high as 8/10 were reported on August 26, 2015 while the treating provider stated that the applicant's medications were beneficial and did, at times, reduce the applicant's pain complaints to 5/10. These subjective reports of analgesia effected as a result of ongoing opioid consumption were outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly outline the applicant's work status, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing morphine usage. The attending provider's commentary to the effect that the applicant would be bedridden without his medications and/or unable to shower without his medications did not constitute evidence of a substantive improvement in function achieved as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

**Norco 10/325mg #90: Upheld**

**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:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider's concomitant request for two separate short-acting opioids, immediate release morphine and Norco, was seemingly at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.