

Case Number:	CM15-0188578		
Date Assigned:	09/30/2015	Date of Injury:	10/16/2001
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2002. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for extended-release morphine and Norco. A July 30, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of low back pain with associated lower extremity paresthesias. Derivative complaints of anxiety and depression were evident. The treating provider stated that the applicant had reportedly ceased smoking, it was reported. The applicant's medications were Xanax, Elavil, Valium, Effexor, dietary supplements, Norco, Zestril, morphine, albuterol, and vitamins, it was reported. The applicant's BMI was 27. Multiple medications were renewed and/or continued. The applicant's work status was not detailed, although the treating provider reported that the applicant's function had not changed. The applicant had undergone earlier failed lumbar surgeries in 10 years prior, it was reported. On a separate mental health note dated July 30, 2015, the applicant reported ongoing issues with psychological stress. The applicant reported issues with mood disturbance. The applicant was described as having various risk factors for suicide, two of which included a personal history of depression and unemployment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 30mg, 1 tab every 12 hours #56: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids.

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

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, however, the applicant was not working and was unemployed, the applicant's psychologist reported on July 30, 2015. The applicant's pain complaints were described as worsening, it was reported on a separate office visit of July 30, 2015. The applicant's prescribing physician reported that his function had not changed, it was reported on that date. The applicant was having difficulty performing activities as basic as standing and walking, and was using a cane to move about, it was further reported. The attending provider failed, in short, to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing morphine usage. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325mg 1-2 tabs twice daily as needed #112: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids.

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

Decision rationale: Similarly, the request for Norco (hydrocodone-acetaminophen), 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 of work and had been deemed unemployed, the applicant's psychologist reported on July 30, 2015. The applicant was having difficulty performing activities as basic as standing and walking, it was reported on a separate medical note dated July 30, 2015. The applicant was having difficulty performing activities as basic as standing and walking and was using a cane to move about, it was further noted. The attending provider failed, in short, to outline quantifiable

decrements in pain or meaningful, material improvements in function or (if any) effected as a result of ongoing opioid usage, including ongoing Norco usage. Therefore, the request is not medically necessary.