

Case Number:	CM15-0025539		
Date Assigned:	02/18/2015	Date of Injury:	05/06/2005
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 6, 2005. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for Morphine. A partial approval is apparently issued for weaning or tapering purposes. The claims administrator referenced progress notes of November 26, 2014 and January 26, 2015, in its determination. The claims administrator noted that the applicant had undergone earlier knee replacement surgery. The claims administrator contented that the applicant was not profiting from ongoing opioid therapy. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported ongoing issues with back pain, hip pain, knee pain, and groin pain. The applicant did have ancillary complaints of depression. The applicant reportedly 4 to 5/10 pain with medications versus 9/10 pain without medications. The applicant was status post lumbar discectomy surgery. The applicant had filed a previous worker's compensation. The applicant was apparently intent on pursuing a spinal cord stimulator trial. Both short- and long-acting Morphine as well as gabapentin were renewed. The applicant was off of work, it was suggested at the top of the report. The applicant stated that his ability to dress himself and perform activities of personal hygiene were ameliorated as a result of ongoing medication consumption. The applicant reported significant gait derangement and stated that he was using crutches to move about. The applicant had medical marijuana license, 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 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: 1. No, the request for Morphine, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is recommended in applicants who are concurrently using illicit substances. Here, the applicant was/is concurrently using marijuana, an illicit substance. Discontinuing Morphine appears to be a more appropriate option in continuing the same. It is further noted that the applicant's seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant continues to have difficulty to perform activities of daily living as basic as standing and walking. The attending provider has commented to the effect that the applicant is able to get up out of bed and dress himself does not, in and off itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing Morphine usage. Therefore, the request was not medically necessary.