

<b>Case Number:</b>	CM15-0052015		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 55-year-old [REDACTED] beneficiary who has filed a claim for reflex sympathetic dystrophy (RSD) of the lower limb reportedly associated with an industrial injury of May 9, 2001. In a Utilization Review report dated February 19, 2015, the claims administrator partially approved a request for morphine apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated November 20, 2014, the applicant reported ongoing complaints of low back pain. The applicant presented to obtain intrathecal pain pump refill. The applicant reported difficulty standing, walking, sitting, and driving despite ongoing pain complaints. The applicant was given refills of Effexor, Duragesic, morphine, Norco, Valium, Soma, and Protonix. The applicant was deemed disabled, the treating provider noted. The applicant complained that she was having difficulty obtaining refills of previously provided oral Demerol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine IR 30 MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for immediate release morphine, 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 was off of work and deemed disabled, the treating provider acknowledged. The applicant was, thus, receiving both Workers Compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged. The applicant was, moreover, having difficulty performing activities of daily living as basic as standing, walking, and driving, owing to various pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request is not medically necessary.