

<b>Case Number:</b>	CM15-0059823		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/11/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 66-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 11, 1999. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve requests for morphine and Dilaudid. A February 13, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back pain, averaging 8-10/10. The applicant reported fragmented sleep. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant's medication list included AcipHex, Cymbalta, Dilaudid, Klonopin, Lorzone, MS Contin, Wellbutrin, and Zorvolex, it was acknowledged. Multiple medications were renewed, including morphine, Cymbalta, Wellbutrin, Lorzone, AcipHex, Dilaudid, and Zorvolex. The applicant was seemingly kept off of work. Botox injections were proposed, along with a new CT scan of the cervical spine and cervical epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS contin 15 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** No, the request for MS Contin, 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 off of work, on total temporary disability, as of the date morphine was renewed, on February 11, 2015. The applicant continued to report severe pain complaints in the 8-10/10 range on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing MS Contin usage. Therefore, the request was not medically necessary.

**Dilaudid 4 mg, 75 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** Similarly, the request for Dilaudid, 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, on total temporary disability, as of the February 11, 2015 progress note on which Dilaudid was renewed. The applicant continued to report severe pain complaints in the 8-10/10 range on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Dilaudid usage. Therefore, the request was not medically necessary.