

<b>Case Number:</b>	CM15-0059858		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and hand pain reportedly associated with an industrial injury of November 20, 2009. In a Utilization Review report dated March 8, 2015, the claims administrator failed to approve a request for morphine. A February 16, 2015 progress note and an associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant was advised to stay off of work permanently. Multifocal complaints of hand, knee, and low back pain were reported with ancillary complaints of tinnitus. The applicant had been given a 78% disability rating, the treating provider reported. Morphine, oxycodone, Valium, Neurontin, Elavil, Cymbalta, and Voltaren gel were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 30mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81.

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

**Decision rationale:** No, the request for morphine sulfate, 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 reported pain complaints as high as 8/10 on the February 16, 2015 progress note at issue. The applicant was off of work and receiving both disability benefits and Worker's Compensation indemnity benefits, it was acknowledged on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing morphine usage. Therefore, the request was not medically necessary.