

Case Number:	CM14-0210282		
Date Assigned:	12/23/2014	Date of Injury:	03/06/2000
Decision Date:	02/27/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/16/2014

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 29, 2014, the claims administrator failed to approve requests for extended-release morphine and oxycodone. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant was reportedly using OxyContin, Norco, Nexium, Tenormin, Naprosyn, Zantac, lactulose, and hydrochlorothiazide, it was stated. The attending provider renewed several medications. The applicant's ability to play with his grandchildren was reportedly ameliorated as a result of medication consumption. The applicant's work status was not stated, although it did not appear that the applicant was working. In a progress note dated July 21, 2014, the applicant reported 5/10 pain with medications versus 10/10 without medications. The applicant stated that he would not do as well without his medications and would be bedridden without his medications. The applicant's medication list included lactulose, Zantac, Norco, OxyContin, Nexium, oxycodone, Naprosyn, Topamax, and Tenormin, it was stated. Once again, the applicant's work status was not clearly stated. The applicant had apparently had previous cervical spine surgery but was not intent on pursuing any kind of surgical intervention involving the lumbar spine. In a progress note dated October 13, 2014, the attending provider stated that the applicant's pain was especially severe. The attending provider again stated that the

applicant would be bedridden without medications. The applicant's medication list at this point reportedly included immediate release oxycodone, lactulose, Naprosyn, Nexium, Zantac, and Topamax. The attending provider acknowledged that the applicant was off of work and had been deemed "permanently disabled." In a progress note dated November 11, 2014, the applicant reported "severe, unrelenting" lower back and neck pain. The applicant also reported paresthesias about the left hand. The applicant was reportedly using Naprosyn, Nexium, Zantac, Topamax, oxycodone and lactulose, it was stated. 8/10 pain with medications was appreciated. The attending provider seemingly added extended release morphine on the grounds that short-term oxycodone alone had proven unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 93.

Decision rationale: As noted on page 93 of the MTUS Chronic Pain Medical Treatment Guidelines, Morphine Sulfate extended release should be reserved for applicants with chronic pain who are in need of continuous treatment. Here, the applicant seemingly has chronic, longstanding, around-the-clock pain complaints which had seemingly proven recalcitrant to usage of short-term oxycodone alone. Introduction of extended release morphine, thus, was indicated on or around the date in question. Therefore, the request is medically necessary.

Oxycodone IR 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

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

Decision rationale: 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, while the attending provider did seemingly suggest that immediate release Oxycodone alone was not entirely adequate in terms of providing analgesia for the applicant's around-the-clock pain complaints, the attending provider did state on October 30 2014 that as-needed Oxycodone was ameliorating the applicant's ability to function, interact with others, care for his grandchildren, etc., and was generating some admittedly fleeting pain relief. Continuing the same, on balance, thus, does appear to be indicated, particularly when employed in conjunction with recently introduced extended release morphine. Therefore, the request is medically necessary.

