

Case Number:	CM15-0015106		
Date Assigned:	02/03/2015	Date of Injury:	04/26/2010
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 26, 2010. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for morphine. The claims administrator referenced a December 19, 2014 progress note in its determination. The claims administrator contended that the applicant had failed to profit from ongoing morphine usage. The applicant's attorney subsequently appealed. In a January 26, 2015 progress note, the applicant reported ongoing complaints of low back pain. Twitching, shuddering, depression, and anxiety were also reported. Radiation of low back pain to bilateral lower extremities was reported. The applicant's complete medication list included Soma, morphine, Remeron, aspirin, bisoprolol, Wellbutrin, Lasix, glipizide, Zestril, and metformin. The applicant was status post earlier failed lumbar spine surgery. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. The applicant was asked to continue Prozac and follow up with a psychologist. The applicant's symptoms of depression were reportedly heightened, it was reiterated in several sections of the note. The applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: 1. No, the request for morphine, 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 did not appear to be working as of progress notes of January 22, 2015 and December 19, 2014, on which a rather proscriptive 10-pound lifting limitation was endorsed. Persistent complaints of low back pain were evident. The applicant was having difficulty performing activities of daily living as basic as standing and walking, was apparently using a cane to move about. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing morphine usage in progress notes of December 2014 and January 2015. Therefore, the request was not medically necessary.