

Case Number:	CM15-0111662		
Date Assigned:	06/18/2015	Date of Injury:	04/20/2004
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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 represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2004. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for MS Contin. The claims administrator referenced a RFA form received on May 26, 2015 in its determination. On May 11, 2015, the applicant reported ongoing complaints of low back pain. The applicant was in the process of applying for disability, it was reported. The applicant did have issues with diabetes. The attending provider stated that his ability to bathe, shop, and brush his teeth had been ameliorated as a result of ongoing medication consumption. The attending provider then stated, in another section of the note, that he was intent on trying to wean the applicant off of extended release morphine. The applicant's medications included MS Contin, extended release morphine, and Zanaflex, it was reported. Multiple medications were renewed. The attending provider stated in one section of the note that the applicant could "continue regular work," while then reporting somewhat incongruously that the school the applicant was teaching at had closed. The attending provider also stated that the applicant's pain complaints would increase with various activities. The attending provider stated that the applicant was eligible to receive unemployment compensation, but seemingly preferred to pursue disability benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate (MS) extended release 80 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, opioids.

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

Decision rationale: No, the request for extended release 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 was no longer working, it was suggested (but not clearly stated) on the May 11, 2015 office visit at issue. The applicant was apparently intent on pursuing disability benefits on that date. The applicant's pain complaints were heightened with activity, the treating provider reported. The treating provider commented to the effect that the applicant's ability to brush his teeth, bathe himself, and dress himself as a result of ongoing medication consumption did not constitute evidence of meaningful, material, and/or substantive improvements in function effected as a result of ongoing morphine usage and were outweighed by the applicant's failure to return to work, the applicant's apparent decision to pursue disability benefits, and the reports of the treating provider to the effect that the applicant's pain complaints were heightened with any and all types of activity. Therefore, the request was not medically necessary.