

Case Number:	CM15-0113114		
Date Assigned:	06/19/2015	Date of Injury:	03/08/2001
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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 53-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 8, 2001. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for morphine sulfate and MS Contin. The claims administrator referenced a May 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant was placed off of work, on total temporary disability, while Soma, morphine, and Dilaudid were endorsed. Epidural steroid injection therapy, acupuncture, neurosurgery evaluation, and aquatic therapy were also proposed. In the current medications section of the note, it was acknowledged that the applicant was using MS Contin, Klonopin, Soma, Medrol, immediate release morphine, and Dilaudid. The applicant contended that earlier epidural steroid injection therapy had failed. The applicant stated that her pain complaints were constant, sharp, and "punishing." The applicant stated that her pain complaints were severe. 10/10 with and without medications was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for morphine sulfate, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, morphine sulfate (AKA immediate release morphine) and Dilaudid (hydromorphone). Therefore, the request was not medically necessary.

MS Contin 100mg #30: Upheld

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

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

Decision rationale: Similarly, the request for MS Contin, a long-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 date in question, May 7, 2015. The applicant reported severe, "punishing" 10/10 pain complaints, both with and without medications on that date. It did not appear, in short, that ongoing usage of MS Contin had proven profitable here. Therefore, the request was not medically necessary.