

Case Number:	CM15-0117363		
Date Assigned:	07/31/2015	Date of Injury:	04/12/2003
Decision Date:	09/02/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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 64-year-old who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of April 12, 2003. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for extended release morphine. The claims administrator referenced an RFA form received on May 13, 2015 in its determination, along with an associated progress note of May 12, 2015. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported 5/10 pain complaints. The applicant was described as "nonfunctional" and having difficulty doing much of anything, it was reported. The note was difficult to follow and mingled historical issues with current issues. The applicant was apparently using oxycodone, Lyrica, and morphine, it was stated in one section of the note. A TENS unit had proven ineffectual. Various other medications had proven ineffectual, it was reported. Multiple medications were renewed. The applicant was asked to continue usage of a spinal cord stimulator and pursue additional cognitive behavioral therapy. The applicant's work status was not clearly stated. The applicant was described as having weakness about the left hand and worsening symptoms of depression. The applicant had also developed opioid-induced hypogonadism, it was reported. The attending provider then stated, in another section of the note that the applicant's ability to perform activities of self-care, personal hygiene, and doing light chores around the house had been ameliorated as a result of ongoing medication consumption. It was not particularly stated when that section of the note was written. The note did mingle some historical issues with current issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 15mg Sig: q 12 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 attending provider reported on May 13, 2015 that the applicant was "nonfunctional" and was having difficulty doing much of anything. The attending provider likewise failed to outline the applicant's work status on that date, suggesting that the applicant was not, in fact, working. While other sections of the attending provider's note did state that the applicant was able to perform some activities of daily living such as self-care, personal hygiene, and light chores around the home, these reports were, however, outweighed by the attending provider's seeming failure to recount the applicant's work status and/or the attending provider's statement that the applicant was "nonfunctional" toward the top of the report. Therefore, the request was not medically necessary.