

<b>Case Number:</b>	CM15-0118262		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/03/2004
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 3, 2004. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for morphine sulfate and Norco. The claims administrator referenced an RFA form received on June 1, 2015 and an associated progress note of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of low back pain, 6/10. The applicant was on Neurontin, morphine, Norco, Colace, and lactulose, it was reported. The attending provider appealed previously denied extended release morphine and Norco. The attending provider maintained that the applicant was continuing to work regular duty as of this point in time. Morphine, Norco, and Neurontin were renewed. The applicant was given a permanent 25-pound lifting limitation. The attending provider stated that the applicant was working with said limitation in place. The attending provider stated that the applicant's medication regimen had been highly successful in terms of reducing pain, continuing work, and facilitating performance of activities of daily living. In an earlier note dated May 21, 2015, the applicant reported 10/10 pain without medications versus 7/10 pain with medications. The attending provider again maintained that the applicant's ability to tolerate work and perform activities of daily living had been ameliorated as a result of ongoing medication consumption. Morphine, Norco, and permanent work restrictions were renewed. It was stated that the applicant was working full time with said limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Morphine Sulfate 60mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 88.

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

**Decision rationale:** Yes, the request for morphine sulfate, a long-acting opioid, was medically necessary, medically appropriate, and 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, the attending provider posited that the applicant had returned to and/or maintained full-time work status on progress notes of May 21, 2015 and June 18, 2015, referenced above. Ongoing usage of morphine was reducing the applicant's pain complaints from 10/10 without medications to 7/10 with medications, it was reported. The applicant's medication regimen was described as highly successful on several occasions in terms of ameliorating the applicant's activities of daily living and facilitating performance of work activities. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

### **Norco 10/325mg # 240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 88.

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

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and 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, the applicant had returned to and maintained full-time work status, it was reported on office visits of June 18, 2015 and May 21, 2015, referenced above. The applicant was deriving an appropriate analgesia and appropriate reduction in pain scores from 10/10 without medications to 7/10 with medications, it was further reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.