

<b>Case Number:</b>	CM15-0125171		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 May 12, 2005. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for morphine, Motrin, and Senna. The claims administrator referenced a June 9, 2015 RFA form and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported 6-7/10 low back pain with medications versus 8-9/10 low back pain without medications. Activities of daily living including walking remained problematic, the treating provider reported. The applicant had received recent epidural steroid injections, it was acknowledged. The applicant was not working, it was further stipulated. The note was very difficult to follow insofar as documentation of the applicant's complete medication list. Some sections of the note stated that the applicant was using Voltaren gel, BuTrans, and morphine. The attending provider stated that the applicant's ability to bathe himself, brush his teeth and/or comb and wash had been ameliorated as a result of ongoing medication consumption. Ultimately, Elavil, Motrin, Senna, and morphine were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for ibuprofen, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged on the May 19, 2015 progress note at issue, despite ongoing use of ibuprofen. Ongoing use of ibuprofen failed to curtail the applicant's dependence on opioid agents such as morphine. The applicant continued to report difficulty performing activities as basic as ambulating, sleeping, walking, etc., it was reported on May 19, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the same. Therefore, the request is not medically necessary.

**Morphine Sulfate ER (extended release) 30 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Morphine Sulfate.

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

**Decision rationale:** Similarly, the request for extended release morphine sulfate is 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, it was reported on May 19, 2015. While the attending provider did recount a low-grade reduction in pain scores from 8-9/10 without medications to 6-7/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing morphine usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, personal hygiene, brushing his teeth, washing his hair, etc., as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing morphine usage. Therefore, the request is not medically necessary.

**Senokot 8.6/50 mg Qty 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3)  
Initiating Therapy Page(s): 77.

**Decision rationale:** Finally, the request for Senokot, a laxative agent, is medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatments of constipation should be initiated in applicants using opioid agents. Here, the applicant was using morphine, an opioid agent. Prophylactic provision of Senokot, a laxative, was indicated in conjunction with the same. Therefore, the request is medically necessary.