

<b>Case Number:</b>	CM15-0071529		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/23/1999
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 23, 1999. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for extended release morphine and immediate release morphine. The claims administrator referenced progress notes of March 10, 2015 and March 11, 2015 in its determination. The applicant's attorney subsequently appealed. On November 6, 2014, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. The applicant reported difficulty walking. The applicant stated that he was feeling sluggish. The applicant's medications included immediate release morphine, extended release morphine, MiraLax, Wellbutrin, Tenormin, Pepcid, niacin, aspirin, and Lipitor. The applicant was asked to obtain updated lumbar MRI while morphine, Wellbutrin, Ambien, and MiraLax were continued. The applicant's work status was not detailed. On January 9, 2015, the applicant reported persistent complaints of low back pain. The applicant reported difficulty walking. The attending provider maintained that the applicant's ability to run light errands had been ameliorated as a result of ongoing medication consumption. The applicant was given refills of both immediate release morphine and extended release morphine. Once again, the applicant's work status was not furnished. On March 11, 2015, the applicant reported persistent complaints of low back pain radiating into right lower extremity. The applicant was trying to walk for exercise but stated that his back pain was interfering with the same. Activities of daily living including bending, sitting, and walking remained problematic, the attending provider reported in another section of the note. The applicant was

asked to continue morphine and Ambien. An orthopedic spine surgery consultation was suggested to ameliorate the applicant's issues with spinal stenosis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Morphine sulfate immediate release 15mg # 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 immediate release morphine, a short-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's work status was not outlined on multiple progress notes, referenced above, including, most recently, on March 11, 2015. The applicant's reports of difficulty ambulating, sitting, standing, and bending, despite ongoing morphine usage, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

#### **Morphine sulfate immediate release 60mg # 90: Upheld**

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

**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, 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's work status was not outlined on multiple office visits, referenced above, including on March 11, 2015, suggesting that the applicant was not, in fact, working. The attending provider's continued reports that the applicant was having difficulty performing activities of daily living as basic as standing, walking, bending, and the like, likewise did not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request was not medically necessary.

