

<b>Case Number:</b>	CM15-0077593		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/07/1993
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 7, 1993. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for an MS Contin and morphine sulfate. The claims administrator referenced a RFA form received on March 31, 2015 and a progress note of March 10, 2015 in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, right greater than left. The applicant reported ancillary issues with sleep disturbance and lower extremity dysesthesias. The applicant reported 6-7/10 pain complaints with medications versus 9/10 pain without medications. The attending provider stated that the applicant's ability to perform unspecified amounts of house cleaning had reportedly been ameliorated as a result of ongoing medication consumption. The applicant is considering a spinal cord stimulator. Morphine sulfate, MS Contin, Lidoderm patches, and MiraLax were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In a prescription form dated March 20, 2015, both MS Contin and morphine sulfate were endorsed. In a February 18, 2015 progress note the applicant reported ongoing complaints of low back pain status post earlier lumbar decompressive surgery. The applicant had been off of work for 14 years, it was acknowledged on this date. The applicant was asked to consider spinal cord stimulator and/or epidural steroid injection therapy. The applicant was using both MS Contin and morphine sulfate, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5 MTUS (Effective July 18, 2009).

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

**Decision rationale:** No, the request for MS Contin, 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 applicant was off of work, it was acknowledged above. The applicant had not worked in 14 years. The attending provider's progress note of February 18, 2015 suggested that the applicant was having difficulty performing activities of daily living as basic as standing and walking. The attending provider's commentary on a progress note of April 7, 2015 to the effect that the applicant's ability to perform unspecified amounts of housecleaning as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement of function effected as a result of ongoing MS Contin use. Therefore, the request is not medically necessary.

**Morphine Sulfate 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Similarly, the request for morphine sulfate, a short-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, it was acknowledged on several progress notes of early 2015. The applicant had not worked in over 14 years. The applicant reported difficulty performing activities of daily living as basic as standing and walking. The attending provider's commentary to the effect that the applicant's ability to perform unspecified amounts of house cleaning as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

