

Case Number:	CM15-0093259		
Date Assigned:	05/19/2015	Date of Injury:	05/29/2003
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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 63-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 29, 2003. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for morphine. The claims administrator referenced a RFA form of April 27, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using a motorized scooter and knee brace to move about. The applicant stated that he was homebound owing to his chronic pain complaints. The attending provider nevertheless stated that the applicant's combination of Duragesic and Dilaudid had attenuated his pain complaints from 10/10 without medications to 7/10 with medications. The attending provider stated that the applicant's ability to sleep and cook simple meals had been ameliorated as a result of medication consumption. The applicant's medication list included Duragesic, morphine immediate release, Lidoderm, and oxazepam, it was reported toward the bottom of the report. The applicant was not currently working following earlier failed lumbar spine surgery. The attending provider stated that he was prescribing the applicant with Duragesic and morphine immediate release in the body of the report. In an earlier note dated March 2, 2015, it was suggested that the applicant was using Duragesic, Dilaudid, and Lidoderm patches for ongoing low back pain complaints. Both Duragesic and Dilaudid were endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Morphine Sulfate 15mg Extended Release Tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; Functional Restoration Approach to Chronic Pain Management; 7) When to Continue Opioids Page(s): 78; 7; 80.

Decision rationale: No, the request for a one-month supply of morphine 15 mg extended release tablet was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the progress notes of March 2, 2015 and April 27, 2015 seemingly suggested that the applicant was using somewhere between three and four different opioids, including morphine, Dilaudid, and Duragesic. It was not clearly stated or clearly established why the applicant needed to use two separate long-acting opioids, namely the extended release morphine at issue and Duragesic. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be knowledgeable regarding prescribing information and should adjust the dosing to the specific applicant. Here, however, the body of the attending provider's April 27, 2015 progress note seemingly suggested that he was prescribing immediate release morphine, while the claims administrator interpreted the request as a request for extended release morphine. It is, thus, difficult to support the request, on several levels. Finally, it does not appear that the applicant met criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of the same. Here, the applicant failed to return to work, it was acknowledged above. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing morphine usage. The attending provider's reports of the applicant's being homebound and using a motorized scooter to move about outweighed the applicant's reports of being able to cook simple meals as a result of ongoing medication consumption. Therefore, the request was not medically necessary.