

<b>Case Number:</b>	CM13-0027109		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old male who reported injury on 12/08/2008. The mechanism of injury was not provided. The patient was noted to have started a new job and have increased pain and was noted to be taking 10 tablets of Tylenol No. 3 per day. The patient's diagnoses were noted to include degeneration lumbar disc, pain psychogenic NEC, and sciatica. The request was made for morphine sulfate ER 30 mg tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Morphine Sulfate ER 30 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

**Decision rationale:** California MTUS Guidelines recommend morphine sulfate ER for extended and sustained release for patients who have chronic pain who are in need of continuous treatment and for ongoing management, there should be documentation of the 4 A's including Analgesia, Activities of Daily Living, Adverse Side Effects and Aberrant Drug Taking Behavior. The clinical documentation submitted for review indicated the patient was taking 10 tablets of

Tylenol No. 3 per day, then was switched to Tylenol No. 4 three times a day, and it was noted the patient was tolerating the Tylenol No. 4 without adverse effects. The appeal letter that was written dated 09/23/2013 revealed that the patient continues to have chronic low back pain. The patient was noted to undergo a lumbar facet radiofrequency ablation with some pain relief. The patient was noted to start a new job in July and, since starting the new job, the patient had increased pain and is no longer working. However, the clinical documentation submitted for review failed to provide the functional benefit of the prescribed opioids. Additionally, it failed to provide the number of tablets being requested. Given the above and the lack of clarification, the request for Morphine Sulfate ER 30 mg is not medically necessary.