

<b>Case Number:</b>	CM13-0033567		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 68-year-old female who reported an injury on 04/14/1998 due to cumulative trauma while performing normal job duties. The patient ultimately developed chronic pain that was managed by medications and psychiatric support. The patient's medications included MS Contin, Baclofen, Celebrex, gabapentin, and Soma. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent physical examination did not reveal any abnormalities. The patient's diagnoses include congestive failure and fibromyalgia. The patient's treatment plan was continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate ER 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The requested morphine sulfate extended release 15 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time.

California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by functional benefit, monitoring for aberrant behavior, a quantitative assessment of pain relief, and management of side effects. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the most recent clinical documentation does not provide any evidence of pain relief or functional benefit as a result of the requested medication. As such, the requested morphine sulphate extended release 15 mg is not medically necessary or appropriate.