

<b>Case Number:</b>	CM13-0037354		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2013

### 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 Neurology, has a subspecialty in Neuromuscular, Electrodiagnostic Medicine, Internal Medicine and is licensed to practice in California. 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:

██████████ is a 56 year old man who developed chronic low back pain as well as a neck pain. According to the notes of ██████████ September 4, 2013, the patient has a history of a work-related injury on June 15, 1999. The patient's pain was 8/10 with pain medication and 10/10 without pain medication. The patient was status post medial branch nerve block with excellent response for 2 days. His physical examination was significant for lumbar tenderness on palpation, positive facet signs and no focal neurological findings. The patient has past medical history of lumbar failed surgery syndrome, pulmonary embolus, chronic oxygen dependent, history of long term opiate and tolerance. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. The provider is seeking authorization to use morphine sulfate ER 100 mg, morphine sulfate ER 30 and MSIR (morphine sulfate IR) 30 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulf ER 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. The provider documented that the pain improved from 10/10 to 8/10 on morphine which is not significant. The requested dose of morphine is higher than recommended maximum set by MTUS without any clear plan to reduce or taper the treatment. Furthermore, there is no clear multidisciplinary approach to manage this patient who is receiving high dose of opioids and who have precarious pulmonary condition. The provider reported a significant improvement after nerve block. There is no clear reason why other alternative therapies (non opioids) were not used. Based on the above, the prescription of morphine sulfate ER 100 is not medically necessary.

**Morphine sulf ER 30 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. The provider documented that the pain improved from 10/10 to 8/10 on morphine which is not significant. The requested dose of morphine is higher than recommended maximum set by MTUS without any clear plan to reduce or taper the treatment. Furthermore, there is no clear multidisciplinary approach to manage this patient who is receiving high dose of opioids and who have precarious pulmonary condition. The provider reported a significant improvement after nerve block. There is no clear reason why other alternative therapies (non opioids) were not used. Based on the above, the prescription of morphine sulfate ER 30 is not medically necessary.

**MSIR 30 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment,

assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. The provider documented that the pain improved from 10/10 to 8/10 on morphine which is not significant. The requested dose of morphine is higher than recommended maximum set by MTUS without any clear plan to reduce or taper the treatment. Furthermore, there is no clear multidisciplinary approach to manage this patient who is receiving high dose of opioids and who have precarious pulmonary condition. The provider reported a significant improvement after nerve block. There is no clear reason why other alternative therapies (non opioids) were not used. Based on the above, the prescription of morphine MSIR 30 mg is not medically necessary.