

<b>Case Number:</b>	CM13-0050330		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 claimant sustained an industrial injury on 09/25/2008. The mechanism of injury was not provided. His diagnoses included lumbago, sciatica, and lumbar radiculitis. He complains of constant low back pain. On exam he has decreased range of motion of the lumbar spine. Treatment includes medical therapy with opiates, injection therapy. He has been recommended to undergo insertion of a spinal cord stimulator. The treating provider has requested Morphine Sulfate ER 100mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE ER 100MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** Morphine is an opioid analgesic drug, a recreational drug and the main psychoactive chemical in opium. In clinical medicine, morphine is regarded as the gold standard, or benchmark, of analgesics used to relieve intense pain. Morphine has a high potential for addiction; tolerance and psychological dependence develop rapidly, although psychological

dependence may take several months to develop. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.