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| <b>Case Number:</b>   | CM14-0007682 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 03/15/2009 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 01/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 58 year old female with an injury date of 03/15/09. Based on the 11/23/13 progress report provided by [REDACTED], the patient complains of left lower back pain radiating into the left buttock and left anterior thigh. Her lumbar and left hip ranges of motion are all restricted by pain and there is tenderness upon palpation of the lumbar paraspinal muscles overlying the left L3-S1 facet joints. The patient is currently taking Norco, Neurontin, Lidoderm patch, Ativan, and Soma. The patient's diagnoses include the following: 1. Status post positive fluoroscopically- guided diagnostic left L4-L5 and left L5-S1 facet joint medial branch block. 2. Lumbar facet joint pain at L4-L5 and L5-S1. 3. Lumbar facet joint arthropathy. 4. Central and left lateral disc protrusion at L4-L5 measuring 2 to 3 mm with a small annular disc tear. 5. Mild left neural foraminal stenosis. 6. Lumbar sprain/strain. 7. Anxiety secondary to industrially-related chronic pain. 8. Industrial related gastrointestinal upset secondary to industrially-related medications. [REDACTED] is requesting for the following: 1. Morphine Sulfate (MSIR) 15 mg #60. The utilization review determination being challenged is dated 01/09/14. Treatment reports were provided from 09/23/13- 01/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE (MSIR) 15MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER LOW BACK COMPLAINTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, pages 60-61.

**Decision rationale:** According to the 11/23/13 report by [REDACTED], the patient presents with left lower back pain radiating into the left buttock and left anterior thigh. The request is for Morphine Sulfate (MSIR) 15 mg #60. The 01/17/14 report (post utilization review date) states that the patient was denied Morphine Sulfate (MSIR) 15 mg (DOS 12/27/13). None of the reports provided before the utilization review date discuss Morphine Sulfate. There is no indication of exactly when the patient began taking this medication. It is unclear if this is the patient's first time taking this medication, as no other report mentions Morphine Sulfate. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." It appears as though the patient has not yet taken this medication, but is not clearly stated by the treater. The 01/17/14 report states "The patient's Norco was discontinued as it caused Gastrointestinal (GI) upset, so the patient required an alternative opioid analgesic." The patient may be trying Morphine Sulfate, in an attempt to replace the Norco, as the Norco gave side effects. MTUS does allow for different opiates based on patient's tolerance. Recommendation is for authorization to try MSIR to determine it's efficacy. The request is medically necessary and appropriate.

