

<b>Case Number:</b>	CM14-0107842		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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 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 injured worker is a 48 year old female injured on May 6, 2013. Secondary treating physician's progress note, dated May 13, 2014, indicate the injured worker presents with continued complaints of significant low back pain. The injured worker states pain medications are helpful and enable her to remain functional. The physical exam of the low back revealed tenderness with spasm in the lumbar paraspinal musculature bilaterally with taut bands of muscle, trigger points were noted, and significant decreased range of motion of lumbar spine in all directions limited by pain. A straight leg raise test was positive bilaterally. The injured worker ambulates with a labored gait. Pain is rated 6-7/10 on the visual analog with medications and 10/10 on the visual analog scale, without medications. Diagnoses include lumbar disc syndrome, lumbar radiculopathy, postsurgical syndrome, cervical disc syndrome, and cervical radiculopathy. Secondary treating physician's progress note, dated April 10, 2014, notes the injured worker states morphine sulfate IR and MS Contin are relieving the pain to the point she is able to function throughout the day. However, the injured worker is still in significant pain and would like more medication. Other medications include Cymbalta, and Flexeril. The injured worker had been denied her request for lumbar spine surgery in a previous independent medical review. The request for Morphine sulfate IR 15mg #16 was denied in prior utilization review on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate IR 15mg #16: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** It appears the injured worker has chronic low back pain and post laminectomy syndrome and has been managed on MS Contin and Morphine IR. An office note dated 01/13/2014 cites the injured worker has had a history of seeking multiple prescribers. Interestingly the claimant has had Urine Drug Screen (UDS) on 1/13/14 that revealed both Amphetamine & methamphetamines. These have not been prescribed and represent illicit drug use in deviation from the contract & not in keeping with California MTUS guidelines. This is not discussed in notes of 2/6, 3/7 and 4/10/14. [REDACTED] mentions monthly Urine Drug Screens but no further UDS results have been submitted. Given the documented illicit drug use and the lack of functional gains or decrease in medication usage, the request for continuation of the Morphine IR remains not medically necessary.