

<b>Case Number:</b>	CM14-0014604		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 injured worker is a 57-year-old with a reported date of February 12, 2013. The mechanism of injury was not provided. The injured worker's diagnoses included chronic and persistent low back pain, and status post L4-S1 interbody fusion. The clinical note dated January 15, 2014 noted the injured worker had complaints that included somatic and neuropathic pain. It was noted that the injured worker's pain runs across the low back and radiates in the lower extremities. Additionally, it was noted the injured worker rated his pain 5/10 with medication and 10/10 without medication. It was also noted that the injured worker has received functional improvement as well as improvement in pain with the current medication regimen and rated the overall improvement and function at 50%. The injured worker's current medication regimen included Kadian 20 mg every 12 hours, Percocet 10/325 mg twice a day, Lyrica 150 mg twice a day, Lidoderm 5% patches 2 per day, Cymbalta 60 mg at night, Ambien CR 12.5 mg at bedtime, and Laxacin 2 tablets 3 times a day. Upon physical examination, it was noted that there was tenderness in the midline lumbar spine from T11 to L4, mild tenderness in the bilateral paralumbar musculature with mild spasms, and the decreased range of motion. Additional exam findings included a positive straight leg raise on the left and hypesthesia in the left L5 and S1 dermatomes. The Achilles tendon reflex was trace on the left as compared to 1+ on the right. The treatment plan noted that the injured worker utilizes the long acting morphine for his baseline pain. The clinical note dated December 17, 2013 noted the urine drug screen was negative for morphine. The Request for Authorization for morphine sulfate was submitted on January 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE ER 20 MG, SIXTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page When To Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that morphine sulfate may be recommended for injured workers who have chronic pain, and who are in need of continuous treatment. The guidelines also state that ongoing management of pain relief through opioids must including ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. Although it was documented that the patient received improvement in pain and function with the current medication use, there is no reference within the available documentation as to why the injured worker tested negative for the requested medication on the urine drug screen. Without further documentation as to why this urine drug screen was negative, this request cannot be supported. The request for morphine sulfate ER 20 mg, sixty count, is not medically necessary or appropriate.