

<b>Case Number:</b>	CM14-0117166		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Texas and Ohio. 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 who reported an injury on 08/01/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 07/18/2014 indicated diagnosis of cervicalgia. The injured worker reported neck pain daily. The injured worker reported the pain to be on the left lateral side of the posterior neck and low back/lumbar that radiated to the left upper extremity. The injured worker described the pain as aching, burning, discomforting, piercing, sharp, shooting, stabbing, and throbbing. The injured worker reported aggravating factors included bending, flexion, hyperextension, lifting, pushing, rotation, turning head, and twisting. The injured worker reported relieving factors included narcotic analgesics. On physical examination, the injured worker's strength exam was limited. The injured worker had tenderness to palpation to the paraspinal musculature with limited range of motion to the cervical spine and lumbar spine. The injured worker's treatment plan included followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Amrix, Celebrex, Lyrica, MS-Contin, oxycodone, tramadol, Voltaren. The provider submitted a request for morphine sulfate. A Request for Authorization dated 08/08/2014 was submitted for morphine sulfate; however, the rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul. Tab 15 mg ER Day Supply: 30 QTY: 30 Refills: 0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80, 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

**Decision rationale:** The request for Morphine Sul. Tab 15 mg ER Day Supply: 30 QTY: 30 Refills: 0 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, it was not indicated the injured worker had a signed opiate agreement. Additionally, the request does not indicate a frequency. Therefore, the request is not medically necessary.