

<b>Case Number:</b>	CM14-0118790		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male who has submitted a claim for Failed Back Surgery Syndrome, Grade II Anterolisthesis of L5 on S1 secondary to L5 Pars Defect, Multilevel Lumbar Spondylolisthesis at L4-5 and L5-S1, Right-sided L5 Lumbar Radiculopathy, Depression, Benign Tremors, Past History of Alcoholism and Substance Abuse, and Chronic Myofascial Pain Syndrome associated with an industrial injury date of May 26, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain shooting down the right leg with tingling, numbness, and paresthesia. Pain score was 6-7/10 on VAS (Visual Analog Scale). Aggravating factors included prolonged standing, bending, and lifting heavy objects. On physical examination, there was a well-healed surgical scar on the anterior abdominal wall. Hyperextension maneuver of the lumbar spine was positive. Straight leg raise test was positive. There was diminished sensation to light touch in the right leg. There was also increased lumbar lordosis. Weakness of the plantar flexors was reported. Treatment to date has included L5-S1 anterior decompression and fusion, lumbar epidural steroid injections, lumbar medial branch blocks, lumbar radiofrequency lesioning, spinal cord stimulator trial, and medications, including Morphine ER 60 mg (since at least May 2012). Utilization review from July 24, 2014 modified the request for Morphine ER 60mg to 1 prescription of Morphine ER 60 mg #20. The rationale for determination was not included in the records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 60mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Morphine ER was being prescribed since at least May 2012 (27 months to date). However, given the 2010 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. The patient was also known to have a past history of substance abuse and there was no discussion regarding this matter. Furthermore, the present request failed to specify the frequency and duration of medication use, as well as the quantity of drug to be dispensed. The request is incomplete. Therefore, the request for Morphine ER 60mg is not medically necessary.