

<b>Case Number:</b>	CM14-0119111		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/18/2014
<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 Family Medicine 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:

This is a 54-year-old male who reported an industrial injury to the neck and back on 8/19/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient complains of bilateral neck, thoracic, and low back pain radiating to the left buttock. The patient has been prescribed morphine sulfate IR 30 mg #120; Topamax; lisinopril; and Protonix. The objective findings on examination included tenderness over the thoracic, lumbar, and cervical paraspinals overlying the C4-T1 facets; restricted cervical and lumbar motion in all directions. The diagnoses were cervical facet joint pain at C4-C5; C5-C6; C6-C7; and C7-T1; cervical facet joint arthropathy; thoracic facet joint pain; thoracic facet joint arthropathy; left SI joint pain; lumbar facet joint pain; and lumbar facet joint arthropathy. The patient was prescribed morphine sulfate IR 30 mg #120 and a urine drug screen was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116 Official Disability Guidelines (ODG) pain chapter opioids

**Decision rationale:** The prescription for Morphine Sulfate 30 mg #120 for intermittent acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back/neck for the date of injury five (5) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for mechanical back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Morphine Sulfate. The patient is five (5) years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. There is no clinical documentation by with objective findings on examination to support the medical necessity of Morphine Sulfate 30 mg #120 for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Morphine Sulfate. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Morphine Sulfate 30 mg #120 is not medically necessary.