

<b>Case Number:</b>	CM14-0120239		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/08/1998
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 39-year-old male with a 6/8/98 date of injury. The mechanism of injury was not noted. According to a progress note dated 7/24/14, the patient complained of bilateral low back pain and bilateral lower extremity radicular pain. All movements exacerbated his pain, and medications helped relieve his pain. The provider noted that Morphine provides 40% improvement of the patient's breakthrough pain with 40% improvement of his activities of daily living such as self-care and dressing. He is on an up-to-date pain contract and his previous urine drug screen was consistent with no aberrant behaviors. The provider plans to wean the patient's morphine sulfate IR 30 mg to morphine sulfate IR 15 mg bid in August. Objective findings: lumbar and cervical ranges of motion restricted by pain in all directions, lumbar and cervical discogenic provocative maneuvers were positive, nerve root tension signs negative bilaterally. Diagnostic impression: lumbar radiculopathy with lower extremity weakness, lumbar post-laminectomy syndrome, lumbar sprain/strain, lumbar degenerative disc disease, anxiety, depression, disturbed sleep. Treatment to date: medication management, activity modification, spinal cord stimulator, physical therapy. A UR decision dated 7/14/14 modified the request for Morphine Sulfate 30 mg to 30 tablets with no refills for weaning purposes. The medical records discuss subjective benefits of medication, but do not clearly discuss functional benefits. Moreover, it is not clear that this patient has a diagnosis for which the treatment guidelines recommend the ongoing use of opioids almost 2 decades after an initial injury. Most notably, given the patient's SCS placement, the anticipation would be for substantial reduction or elimination of opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support "ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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." This patient has a 1998 date of injury, and the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the patient has had a spinal cord stimulator placement, and there is no rationale provided as to why the patient requires the same dose of opioid medication. Therefore, the request for Morphine Sulfate 30mg was not medically necessary.