

<b>Case Number:</b>	CM14-0134424		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/07/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 52 year-old female who reported a work related injury on 09/07/2008. The mechanism of injury was not provided. The injured worker's diagnoses consist of degenerative lumbar disease, lumbago, and lumbar sprain/strain. The past treatments have included 3 epidural steroid injection and facet injections. Previous diagnostics have consisted of an x-ray, which revealed normal findings, as well as an MRI which revealed mild facet hypertrophy, a minimal annular bulge and mild facet hypertrophy, and moderate left and severe right foraminal stenosis, and urinalysis that revealed medication compliancy. The surgical history was comprised of a foot and back surgery. Upon examination on 07/24/2014 the injured worker complained of constant aching pain to in the lumbosacral junction into both buttocks and radiation down the left foot to the entirety of the left foot. She also report numbness and tingling in the left foot. The injured worker rated her pain 8-9 out of 10 on a VAS pain scale. It was noted that she stated without her pain medication she would be in the hospital, with medication her pain level is 4 out of 10. In regard to her right knee, she reported constant bone on bone pain, and her left foot was reported to have constant aching pain in the dorsal aspect of the foot. She also stated she was depressed and had difficulty functioning to include getting out of bed. Medications included oxycodone, Cymbalta and Morphine. The treatment plan was for 15 mg of Morphine. The rationale was not submitted for review. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 15mg 1 tab q 6 hours #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

**Decision rationale:** The injured worker complained of low back pain with radiation down the entire left foot and numbness and tingling. The injured worker rates her pain as an 8-9 out of 10 on a VAS pain scale. It was noted that she stated without her pain medication she would be in the hospital, with medication her pain level is 4 out of 10. The urine drug screen that was submitted was consistent with prescribed medication usage. The California MTUS recommends ongoing management of opioid use to include review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Although the injured worker has well documented pain relief and evidence of consistent findings on a urine drug screen, and documentation regarding functional improvement and adverse side effects with use of this medication, and the injured worker has been prescribed opioids for several months with no recommendation of weaning or tapering the medication. Furthermore, there is no supporting evidence of a risk assessment profile or an updated signed contract between the injured worker and the provider. Therefore, the request for Morphine 15mg 1 tab q 6 hours #120 is not medically necessary.