

<b>Case Number:</b>	CM14-0137278		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & 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 55-year-old male who reported an injury on 05/26/2010. Reportedly, it was a lifting incident in which he experienced low back pain. The injured worker's treatment history included branch blocks, morphine, epidural steroid injections, MRI studies, physical therapy. The injured worker was evaluated on 08/13/2014. It was documented the injured worker complained of chronic low back pain associated with tingling, numbness, paresthesia, and shooting pain into the right leg. The pain was rated at 6/10 to 8/10 with the use of morphine. The use of morphine decreased his pain for a few hours, but then the pain would come back. Objective examination findings include the following: increased lumbar lordosis, positive hyperextension maneuver, positive nerve root tension sign bilaterally, diminished sensation in the right leg, muscle spasm, localized tenderness in the lumbar spine, and decreased motor strength in the L5-S1 myotomes. There was no urine drug screen submitted for the injured worker to verify opiate compliance. Diagnoses included low back surgery syndrome, grade 2 anterolisthesis of L5 on S1 secondary to L5 pars defect, multilevel lumbar spondylolisthesis at L4-L5 and L5-S1 level, right sided L5 lumbar radiculopathy, depression, benign tumors, past history of alcoholism and substance abuse, and chronic myofascial syndrome. The Request for Authorization dated 08/15/2014 was for morphine ER 15 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg #120:** Upheld

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

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

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. Additionally, the injured worker has been utilizing Morphine since 05/2012 and his pain still returns to baseline. There was no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Morphine ER 15 mg #120 is not medically necessary.