

<b>Case Number:</b>	CM14-0139339		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/23/1993
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Interventional Spine 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 patient is a 56 year old with an injury date on 2/23/93. Patient complains of persistent lower lumbar pain radiating into lower extremities, rated 9/10 per 7/23/14 report. Patient also reports tension/muscle spasms in his neck lasting for the last 3 months per 7/23/14 report. Based on the 7/23/14 progress report provided by [REDACTED] the diagnosis is failed back syndrome. Exam on 7/23/14 showed "patient ambulating with a cane. Lumbar range of motion limited due to pain. Bilateral lower extremity range of motion is 70% of normal. Straight leg raise caused shooting left leg pain." [REDACTED] is requesting medication - narcotics approve: morphine sulfate ER, 100mg #90. The utilization review determination being challenged is dated 7/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/5/14 to 8/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE ER 100MG quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain and leg pain and is s/p 7 back surgeries, most recently removal of hardware from 2009. The provider has asked for medication - narcotics approve: morphine sulfate ER, 100mg #90 on 7/23/14. According to utilization review letter dated 7/31/14, the 2/25/14 assessment showed authorization of 40 tablets of 200mg morphine sulfate ER. Review of the reports shows no indication that patient has returned to work. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, therefore the request is not medically necessary.