

<b>Case Number:</b>	CM14-0150095		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Pain Management is licensed to practice in New York. 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 34 year old male presenting with a history of a work related accident that occurred on 7/30/2012. He injured his lower back and developed chronic low back pain since that time. His symptoms did not improve with conservative treatments. He underwent a L4-L5 microdiscectomy on 1/13/2014. Post-operation, his lower back pain persisted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR 15mg 1 - 2 tabs TID PRN pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Medical Treatment Guidelines; regarding Morp.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Behavior reinforcement Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids For Chronic Pain

**Decision rationale:** The Official Disability Guidelines state that opioids such as morphine are not recommended as a first-line treatment for chronic non-malignant pain, as is evident in this patient. The Official Disability Guidelines further state that a major concern about the use of opioids for chronic pain is that most randomized-controlled trials are limited to a short-term period (1 to 6 months) with high rates of dropout, due to adverse effects and/or lack of efficacy

(as high as 60%). In addition, the Medical Treatment Utilization guidelines state that pain behavior can be reinforced by the prescribing of opioids. Therefore, the request for Morphine Sulfate IR 15mg 1 - 2 tabs TID PRN pain, is not be medically necessary.