

<b>Case Number:</b>	CM14-0167356		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on August 19, 2009. He had an evaluation by a spine specialist on August 7, 2014. He was reported to have bilateral neck pain, bilateral thoracic back pain, and bilateral low back pain radiating to the left buttock. At that time his medications included MSIR 30 mg 4 times a day, Topamax, lisinopril and Protonix. He had previously been on gabapentin, Flexeril, naproxen and Norco. His diagnoses included bilateral cervical facet joint pain, cervical facet joint arthropathy, thoracic facet joint pain, thoracic facet joint arthropathy, left sacroiliac joint pain, lumbar facet joint pain, and lumbar facet joint arthropathy. The MSIR was reported to decrease his pain from 8/10 on a visual analog scale to 1-2/10 on a visual analog scale and provide 80% decrease of pain with 80% improvement of activities of daily living such as self care and dressing. He had an up-to-date pain contract and previous urine drug screen was reported as consistent. It was reported that he had no adverse effects from the MSIR and no aberrant behavior. The Oswestry Disability index score with the use of MSIR was 24 (48% disability) and without was 35 (70% disability).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Morphine Sulfate IR 30mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

**Decision rationale:** The criteria for ongoing pain management with opioid medication are met. It appears he is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain and disability index showing reduction in pain and improvement in function but not complete resolution of pain or restoration of function. Furthermore clinical observation demonstrated persistent pain and therefore would not expect a lower dose to be warranted. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there were none, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control including use of Topamax. The worker was being followed by a pain specialist.