

<b>Case Number:</b>	CM14-0181737		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/03/2003
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

62 years old female injured worker with date of injury 3/3/03 with related low back pain. Per progress report dated 9/10/14, the injured worker complained of pain rated 8/10. Pain was described as aching, shooting, exhausting, nagging, and miserable. There was radicular pain with weakness in the right lower extremity. Physical exam findings were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 15mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

**Decision rationale:** Upon review of the submitted documentation, per UR decision dated 9/22/14, the injured worker was certified a prospective prescription for Kadian 20mg #30 between 9/10/14 and 11/17/14. The MTUS considers a number of domains for establishing medical necessity for the use of opiates. Function and safety are chief among them. As the documentation does not contain information regarding the efficacy nor safety of the previously certified opiate, medical necessity for this request cannot be affirmed.

