

<b>Case Number:</b>	CM14-0021938		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/23/1993
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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:

This is a 56-year old male patient with a February 23, 1993 date of injury. An April 2, 2014 progress report indicated that the patient's condition was the same since last visit. Physical exam revealed pain with palpation in the lower abdomen and the back. The ROM (range of motion) was limited in the lumbar region and bilateral lower extremities due to pain. He was diagnosed with failed back syndrome (s/p seven surgeries). Treatment to date: medication management, activity modification. There is documentation of a previous January 22, 2014 adverse determination, and the Morphine was modified to #40 to #30, in initiate the weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MORPHINE SULPHATE EXTENDED RELEASE 200 MG #40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation to support functional gains or pain relief. There was no documentation of lack of adverse side effects, urine drug screens, CURES monitoring, or an opiate pain contract. In addition, this patient has a 1993 date of injury, and there is no discussion of end-points of opiate management. Therefore, the request for morphine sulfate extended release 200 mg, forty count, is not medically necessary or appropriate.