

<b>Case Number:</b>	CM14-0034344		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Orthopedic Surgery 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 injured worker is a 54 year-old gentleman who was reportedly injured on May 24, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicates that there are ongoing complaints of severe low back pain. The physical examination demonstrated normal blood pressure (116/74), pulse 76, respirations 12, and altered posture a decrease lumbar spine range of motion. Straight leg raising is in degrees bilaterally. Some sensory losses are noted. Muscle spasm, tenderness to palpation are also reported. Diagnostic imaging studies were not presented in the recent progress notes. Previous treatment includes multiple narcotic analgesics (Butrans patch, Norco) and transcutaneous electrical nerve stimulator (TENS). A request had been made for morphine IR & a repeat magnetic resonance imaging (MRI) and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Morphine IR 30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 75-78 of 127 Page(s): 75-78 OF 127.

**Decision rationale:** It is noted that transdermal opioid medications (Butrans) are being employed. Furthermore, the pain complaints continued, there is no increase functionality improvement, the injured employee remains on Social Security disability, and as outlined in the California Medical Treatment Utilization Schedule, use of such medications should demonstrate some efficacy, utility and the lowest dose possible. Therefore, when noting the pain level to be unchanged, and the other medications being employed, the medical necessity for this preparation is not established. The request is not medically necessary and appropriate.

**1 MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303, Chronic Pain Treatment Guidelines Lumbar spine MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** While there are ongoing complaints of pain, there are no changes on physical examination and demonstration of any increasing neurologic deficit. Furthermore, based on the clinical data presented this is not a surgical candidate. As such, there is insufficient data presented to suggest the need for repeating this enhanced imaging study. This request is not medically necessary and appropriate.