

<b>Case Number:</b>	CM14-0043999		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 49 year old male who was injured on 10/29/2009. He developed pain in his lower back as he was unloading an item. The pain travels down his left leg. This was treated with physical therapy, and later in 10/2010, by fusion of his L5-S1 discs. However, he has continued to experience pain in his lower back. The pain spreads to his buttocks, goes down his left thigh to his left ankle. It is associated with numbness in his left buttocks, thigh and foot. His treatment includes Hydromorphone, Hydrocodone, Abilify, Gabapentin, Hydrochlorothiazide, Lisinopril, Savella, Deplin, and Clonazepam. He has been diagnosed of low back pain, post laminectomy syndrome, lumbar degenerative disc disease, lumbar stenosis, sacroiliac joint pain, and, chronic pain syndrome. The documents reviewed reveal he is able to walk two miles, 30 to 60 minutes while on treatment with opiates, but unable to walk without it. Also, there is improvement in pain and he there is a less need for opiate use (Norco). The worker is reported to have signed an opiate agreement and there has been no indication of abuse or diversion of opiates; the most recent urine drug screen was on 02/25/2014; records show he has only one prescriber for opiates. In dispute is the retrospective request for Morphine and urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 2/25/14) for Morphine ER 30MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-76.

**Decision rationale:** The MTUS recommends that opiates be continued if the individual has returned to work, or if there is improvement in functioning and pain. The records reviewed suggest this is the case with this worker. There is evidence of improved function, pain reduction, less need for opioid use, opioid agreement, no abuse or diversion.

**Retrospective request (DOS: 2/25/14) for 1 urine drug screen:** Overturned

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

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

**Decision rationale:** The injured worker has a history of psychiatric disorder which places him at risk for opiate abuse. Therefore it is necessary and appropriate that he be monitored for abuse and diversion. This is supported by the MTUS for continuing the use of opioids.