

<b>Case Number:</b>	CM14-0048678		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Illinois. 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 45 year old male with a date of injury of September 28, 2005. He was spreading metal decking when he felt pain in his testicles and lower back. He had 8 chiropractic visits without relief. He also had physical therapy, which increased his back spasms. He used ice and a muscle stimulator machine, both of which helped. He has 8/10 low back pain radiating to his testicles and weakness/decreased sensation with bowel or bladder functions. He has heartburn and leg cramping when he walks. He has taken Norco, Neurontin, Elavil, Cymbalta, Wellbutrin, Xanax, and MS Contin. His physical exam was notable for severe back spasms and a negative leg raise. Magnetic resonance imaging shows bulging at L3-L4 and the discography notes multi-level lumbar discogenic pain. The injured worker started acupuncture and had epidural steroid injections. A multiple prescriber form was completed as well as an opioid treatment agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg four times per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Morphine Page(s): 96.

**Decision rationale:** Per the Medical Treatment Utilization Schedule, oral morphine is not recommended as a primary treatment for persistent pain. The injured worker has taken MS Contin alongside a number of analgesics including Norco, Neurontin, Elavil, and Cymbalta. Documentation of the beneficial effect of morphine in increasing functionality or decreasing other pain medications over the other analgesics is not available. Therefore, the request is not considered medically necessary.