

<b>Case Number:</b>	CM14-0052601		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

The patient is a 45-year-old female who has submitted a claim for chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, sciatica, lumbago, unspecified myalgia and myositis, associated with an industrial injury date of November 17, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated April 2, 2014, showed low back pain radiating into left buttock. Physical examination revealed a patient in mild discomfort with an antalgic gait. There was diffuse facet tenderness bilaterally. The facet loading test was positive bilaterally. The S1 joint was tender bilaterally. There was left sciatic notch tenderness present. There was restricted and painful range of motion of the lumbar spine. There were no muscle weakness and sensory deficits. Treatment to date has included physical therapy, lumbar spine epidural injection, medial branch block, radiofrequency ablation, and medications such as Morphine Sulfate and Norco since 2009. Utilization review from April 11, 2014 denied the request of Morphine Sulfate ER 15mg #90 and for Norco 10/325mg #90 because there was no objective evidence provided to support the continued prescription of opioid analgesics for chronic mechanical back pain over 4 years after the date of injury. The patient was documented to be taking both Morphine Sulfate ER and Norco. The patient was being continued on opioids 4 years status-post date of injury whereas she should have been titrated off of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER (extended release), 15mg, ninety count: 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, On-going Management Page(s): 78-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, patient has been on both opioids Morphine Sulfate ER and Norco since 2009. The recent progress report revealed that there was no evidence of pain relief with continuous intake of the medication. Furthermore, there was no documented improvement of functional activities. In addition, the patient took more than the prescribed amount of both opioids Norco and Morphine Sulfate in February 11, 2014. The Chronic Pain Medical Treatment Guidelines require strict compliance for ongoing management. Therefore, the request for Morphine Sulfate ER 15mg, ninety count, is not medically necessary or appropriate.

**Norco 10/325mg, ninety count:** 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, On-going Management Page(s): 78-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, patient has been on both opioids Morphine Sulfate ER and Norco since 2009. The recent progress report revealed that there was no evidence of pain relief with continuous intake of the medication. Furthermore, there was no documented improvement of functional activities. In addition, the patient took more than the prescribed amount of both opioids Norco and Morphine Sulfate in February 11, 2014. The Chronic Pain Medical Treatment Guidelines require strict compliance for ongoing management. Therefore, the request for Norco 10/325mg, ninety count, is not medically necessary or appropriate.