

<b>Case Number:</b>	CM14-0063620		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on May 21, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 31, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include Morphine and Norco. Pain was stated to be an average of 6/10 without medications and 4/10 with medications. The physical examination demonstrated tenderness over the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion of L5-S1. A request was made for Morphine Sulfate ER 15 mg and was denied in the pre-authorization process on April 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Low back complaints Chronic Pain Medical Treatment Guidelines; Morphine; Opioids; Oral Morphine Chronic Pain Medical Treatment Guidelines; Opioids, criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 75, 78, 93 OF 127.

**Decision rationale:** The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for 30 tablets of morphine sulfate ER 15 mg is not medically necessary.