

<b>Case Number:</b>	CM14-0068293		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/15/1999
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 43-year-old female who reported an injury on 08/15/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, congenital musculoskeletal deformities of the spine, unspecified gastritis, displacement of lumbar intervertebral disc without myelopathy, constipation, disc protrusion, depressive disorder, and insomnia. The previous treatments included medication, physical therapy, and a TENS unit. Within the clinical note dated 05/09/2014, it was reported the injured worker complained of severe pain. She reported the pain affected activities of daily living. Upon the physical examination, the provider noted the lumbar spine range of motion was fair with a positive Kemp's test and was positive for scoliosis. The lower extremities had deep tendon reflexes at 2+. The provider noted there was a positive straight leg raise with low back pain. The injured worker had decreased sensation to light touch in the right leg with paresthesia. The provider requested Morphine Sulfate. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulphate 15mg #60:** 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 Page(s): 77-78.

**Decision rationale:** The request for Morphine Sulphate 15mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.