

<b>Case Number:</b>	CM14-0070053		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & Rehabilitation 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:

This 58 year-old patient sustained an injury on 4/27/10 when he fell after ascending a ladder and slipping on mud while employed by [REDACTED]. Request(s) under consideration include Morphine ER 30 mg QTY 60. Diagnoses include cervicalgia with facet syndrome/radiculopathy; thoracic spine pain; lumbar radiculopathy s/p L4-S1 fusion in 2005 with spinal cord stimulator implant with revision on 3/7/13, HTN, and sleep disorder. The patient continues to treat for chronic pain symptoms. Medications list Oxycodone/APAP, Morphine Sulfate ER, Zanaflex, Celebrex, Gabapentin, and Cymbalta. Report of 11/26/13 from the provider noted no change in chronic pain, no exam findings except for no apparent distress and well-developed well-nourished, stable on current medication regimen without changes. Report of 10/29/13 noted exam findings of decreased range and muscle spasm; difficult to complete ADLs. No mention of VAS scale, functional improvement or opioid contract noted. There was notation on 9/30/13 with minimal improvement from SNRB at bilateral C5 on 8/22/13. There has been utilization review dated 2/17/13 noting certification of Morphine ER 30 mg for quantity of 60 to assist in tapering. Report of 3/5/14 noted patient with cervical and back pain with sleep disorder. No exam findings were documented. Report of 4/1/14 noted no change in symptom complaints; medications remained unchanged with analgesia at 4-8. No opioid contract was discussed. Request(s) for Morphine ER 30 mg QTY 60 was non-certified on 4/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 30 mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Ongoing Management; Opioids Page(s): 78-80; 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Morphine ER 30 mg QTY 60 is not medically necessary and appropriate.