

<b>Case Number:</b>	CM14-0070734		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Family 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 52-year-old female who has submitted a claim for lumbar radiculopathy, and cervical radiculopathy associated with an industrial injury date of April 30, 2003. Medical records from 2006-2014 were reviewed. The patient complained of low back pain. The pain radiates to the right leg. Physical examination showed tenderness of the IL3-L5 paraspinal muscles, more on the right. There was decreased range of motion of the lumbar spine. There was decreased sensation along the bilateral lateral leg and bilateral feet. Deep tendon reflexes were decreased in the bilateral lower extremities. Weakness was noted on the right lateral leg. MRI of the lumbar spine, dated February 6, 2014, revealed at L5-S1 a 3mm midline and right paracentral disc protrusion resulting in abutment of the descending right S1 nerve root with mild central canal narrowing. Treatment to date has included medications, home exercise program, activity modification, cervical epidural steroid injections, lumbar epidural steroid injections, and left leg surgery. Utilization review, dated April 15, 2014, modified the request for 1 prescription of MSSR 30mg #60 to MSSR 30mg #45 because of presence of aberrant drug taking behavior; and denied the request for 1 L5-S1 TFESI because subjective and objective findings do not corroborate with MRI findings and because of the lack of improvement in function with prior lumbar epidural steroid injections. Another utilization review, dated May 8, 2014 modified the request for MSSR 30mg #60 to MSSR 30mg #45 and denied the request for L5-S1 TFESI due to the same reasons above. Finally, another utilization review dated June 11, 2014 certified the request for transforaminal epidural steroid injection for L5-S1 because findings were consistent with evidence of radiculopathy arising from the intended levels of injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate Sustained Release (MSSR) 30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking MSSR since March 15, 2014. Progress report states that with the medications she was able to perform ADLs such as cleaning her home, grocery shopping, and yardwork. However, measures of analgesia and functional improvements that was specific for this particular medication were not documented. Furthermore, urine drug screen dated May 30, 2014 showed inconsistent results. Moreover, progress report dated May 7, 2014 indicated in the treatment plan to stop MSSR and was to be tapered as tolerated. Therefore, the request for Morphine Sulfate Sustained Release (MSSR) 30mg #60 is not medically necessary.