

<b>Case Number:</b>	CM14-0082613		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/07/1995
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

According to the records made available for review, this is a 49-year-old female with a 2/7/95 date of injury. At the time (4/8/14) of request for authorization for Prescription drug, generic (Morphine sulfate immediate release 30mg #120), there is documentation of subjective (severe headaches and neck pain with spasms) and objective (moderate-to-severe tenderness to palpation over the cervical paraspinal musculature with allodynia and muscle spasms, decreased strength of the bilateral deltoids, biceps and brachialis; hypesthesia in the C5 dermatome, and decreased reflexes of the biceps and brachialis) findings, current diagnoses (severe cervicogenic headaches, multilevel cervical degenerative disc disease status post two prior cervical spine surgeries with fusion, cervical myofascial pain with muscle spasms, left upper extremity and cervical radicular symptoms, and insomnia), and treatment to date (ongoing therapy with Morphine sulfate immediate release with functional improvement and improvement in activities of daily living; physical therapy, cervical spine surgery, and cervical epidural steroid injections). In addition, medical report identifies an opioid agreement. There is no documentation that the patient is in need of continuous treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug, generic (Morphine sulfate immediate release 30mg #120): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 29, 46, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 74-80; 93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulfate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Morphine sulfate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of severe cervicogenic headaches, multilevel cervical degenerative disc disease status post two prior cervical spine surgeries with fusion, cervical myofascial pain with muscle spasms, left upper extremity and cervical radicular symptoms, and insomnia. In addition, there is documentation of severe chronic pain. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing therapy with Morphine sulfate with functional improvement and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Morphine sulfate. However, despite documentation of chronic severe pain, there is no (clear) documentation that the patient is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for Prescription drug, generic (Morphine sulfate immediate release 30mg #120) is not medically necessary.