

<b>Case Number:</b>	CM14-0090207		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 is a 51-year-old male with a 4/15/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/16/14, the patient complained of continued pain in his head, neck, and back. He stated that he was still having headaches and was still unable to work due to pain and/or confusion. He also presented with aching and constant back pain, knee pain, and ankle pain. He rated his pain as 4/10 with medications. Objective findings: tenderness of cervical spine, tenderness at subacromial space and bicipital groove, tender at lumbar spine, tender at facet joint, decreased lumbar spine ROM (range of motion). Diagnostic impression: lumbago, cervicalgia, headaches. Treatment to date: medication management, activity modification. A UR decision dated 6/5/14 denied the request for MSIR (Morphine Sulfate Immediate Release) 15 mg #150. There is no documentation in the medical records of the patient having any significant functional benefit or a decrease in his pain and signs of symptoms with the use of the requested medications. Being as though the patient continues to have significant complaints of pain to his shoulders, back, and his head with the use of the requested medications, medical necessity for continued use has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSRI 15mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated that he had new pain and had the feeling of his brain beating on the left side. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for MSIR (Morphine Sulfate Immediate Release) 15 mg #150 was not medically necessary.