

<b>Case Number:</b>	CM14-0107115		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 44-year-old female with an 8/14/04 date of injury. According to a progress report dated 6/6/14, the patient complained of low back pain that radiated down the right lower extremity. She complained of occasional muscle spasms in the low back. She rated her pain as a 7.5/10 in intensity with medications and 10/10 without medications. Objective findings: spasm noted in the bilateral paraspinous musculature, tenderness upon palpation in spinal vertebral area L4-S1 levels, range of motion of lumbar spine limited secondary to pain. Diagnostic impression: failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, GERD, insomnia, chronic pain. Treatment to date: medication management, activity modification, TENS unit, ESI. A UR decision dated 6/25/14 denied the request for Morphine. A specific rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate tablet 60 mg. ER (Extend Release) Day Supply-30; QTY:60; Refills:0:**  
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 Opiates  
Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (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. However, in the medical records provided for review, there is no documentation of significant functional improvement from medication use. In addition, given the 2004 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Morphine Sulfate tablet 60 mg. ER (Extend Release) Day Supply-30; QTY:60; Refills:0 was not medically necessary.