

<b>Case Number:</b>	CM14-0034582		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 New Jersey & New York. 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 60 year old male who sustained a work related back injury on February 1, 2009. No mechanism of injury was documented. The diagnoses listed are lumbar sprain, sciatica, spasm, cervicalgia, and disc degeneration according to the Utilization Review documentation. No surgical interventions were documented. No radiology reports were included in the review. According to the primary treating physician's progress report from June 2, 2014 the injured worker presents due to continued pain and stiffness at the base of the neck and tingling down both arms but worse on the right. He also has low back pain with stiffness radiating down the right leg and wrist stiffness with numbness and tingling bilaterally. On evaluation, tenderness is documented over the posterior, superior right iliac spine. The patient's treatment consists of pain management and self-pay chiropractic therapy. No frequency is documented. Therapy note is illegible and unsigned. Medications consist of MS Contin, Neurontin, Celebrex and Norco. The injured worker is not working. The treating physician requested authorization for Morphine Sulfate ER 15mg #120. On March 14, 2014 the Utilization Review the non-certified the prescription for Morphine Sulfate ER 15mg #120. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, ACOEM, and the Official Disability Guideline (ODG) criteria and usage of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria and Usage of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Morphine is not medically necessary. The chart does not provide any objective documentation of improvement in pain and function with the use of morphine. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief Morphine provided for the chronic back and neck pain. Because there was no documented evidence of objective functional gains with the use of Morphine, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of morphine outweigh the benefits. Therefore, the request is considered not medically necessary.