

<b>Case Number:</b>	CM15-0140236		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 52 year old female who sustained a work related injury September 11, 2000. An MRI of the lumbar spine, dated May 29, 2015, (report present in the medical record) revealed mild degenerative anterolisthesis at L4-L5 with mild posterior protrusion and osteophyte formation about the L4-L5 disc with neural foraminal narrowing on the left. According to a pain management physician's progress notes, dated June 8, 2015, the injured worker presented for medication maintenance. She has pain in the bilateral legs, bilateral buttocks, bilateral hips and bilateral low back, rated an average of 5 out of 10. She reports the pain is worse by physical activity and better by rest, heat, ice, and medication. Current medication includes Kadian, Morphine Sulfate, Cymbalta, Skelaxin, Celebrex, Phendimetrazine Tartrate, and Lidoderm patch. Physical examination noted tenderness of the left lumbar latissimus dorsi with PSIS tenderness, using a 1 point cane. Diagnoses are chronic lumbar back pain with radiculopathy; lumbar spine degenerative disc disease; chronic depression; anxiety. Treatment plan included to continue aqua therapy or walk for exercise and stretch daily to minimize pain and at issue, the request for authorization for NARC Morphine Sulfate and Kadian.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NARC morphine sulfate 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for chronic bilateral low back, buttock, hip, and leg pain. When seen, pain was rated at 3/10 with medications. There was left lumbar tenderness over the posterior superior iliac spine and tenderness over the latissimus dorsi. She was using a cane. Medications were refilled. Kadian and morphine sulfate were prescribed at a total MED (morphine equivalent dose) of 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.

**Kadian 60mg:** 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for chronic bilateral low back, buttock, hip, and leg pain. When seen, pain was rated at 3/10 with medications. There was left lumbar tenderness over the posterior superior iliac spine and tenderness over the latissimus dorsi. She was using a cane. Medications were refilled. Kadian and morphine sulfate were prescribed at a total MED (morphine equivalent dose) of 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.