

<b>Case Number:</b>	CM15-0143895		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 48 year old male with an industrial injury dated 11-03-2003. The injury is documented as occurring when he was laying down a load of heavy chains and slipped and fell on his back experiencing back pain. His diagnoses included stenosis (spinal and lumbar), sciatica, generalized anxiety disorder, unspecified major depression, pain (psychogenic) and spondylolisthesis. Prior treatment included physical therapy, acupuncture, chiropractor treatments, epidural steroid injections, lumbar facet nerve radiofrequency ablation and cognitive behavioral therapy. He presented on 04-30-2015 with complaints of lower back pain with radiation to his bilateral lower extremities. He was using Morphine extended release 15 mg three times daily which did provide approximately 50% pain relief and provide some functional benefit of increased tolerance for sitting and standing. Objective findings noted the injured worker did not exhibit acute distress. There were no abnormalities observed with gait and station. His medications were: Thermacare Heat wrap, Capsaicin cream, Ketamine cream, Lidoderm patch, Docusate sodium, Fluoxetine (Prozac), Morphine Sulfate ER, Ibuprofen and Wal-zyr. The treatment request was for Morphine Sulfate ER 15 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 15mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids, When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not 1st line for mechanical or compressive etiologies. Long term use has not been studied. In this case, the claimant was on Morphine along with NSAIDs. In this case, the claimant was not able to tolerate Norco and other medications. NSAIDS alone did not give enough pain relief. Topical analgesics were used at night for sleep. The Morphine allowed completing ADLS daily. The use of Morphine ER is appropriate in this case.