

<b>Case Number:</b>	CM15-0166768		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/26/1999
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old male, who sustained an industrial injury on July 26, 1999, incurring low back injuries. He was diagnosed with lumbar spine degenerative disc disease. Treatment included pain medications, antidepressants, epidural steroid injection, muscle relaxants, sleep aides and modified activities. Currently, the injured worker complained of chronic low back pain and right leg pain rating the pain 5 out of 10 with medications and 8 out of 10 without medications. He noted decreased lumbar spine range of motion, muscle tenderness, increased radiating pain with flexion and difficulty ambulating. The treatment plan that was requested for authorization included a prescription for Morphine Sulfate extended release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulf ER 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking MSContin long term at dosages which exceed daily dosage of 30 mg daily. The request for MS Contin 30 mg #60 is not medically appropriate and necessary.