

<b>Case Number:</b>	CM15-0192473		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: California

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 47 year old male, who sustained an industrial injury on 8-28-1998. Medical records indicate the worker is undergoing treatment for status post lumbar 5-sacral 1 fusion, lumbar degenerative disc disease and status post anterior spinal fusion of thoracic 8-10. A recent progress report dated 9-2-2015, reported the injured worker complained of mid and low back pain with radiation to his feet, rated 5 out of 10. On 7-8-2015, the pain was rated 4-6 out of 10 and on 3-3-2015, the pain was rated 4-5 out of 10. Physical examination on 9-2-2015, revealed significantly limited range of motion of the lumbar spine secondary to pain especially with extension and rotation and lumbar paraspinal tenderness. He states with medications he can perform household chores, exercise, bathe, cook and attend family outings. Treatment to date has included physical therapy, acupuncture, chiropractic care and MS Contin since at least 3-3-2015. The physician is requesting MS (morphine sulfate) Contin 15 mg tablet, Qty 60, 1 by mouth 2 times daily; plus 1 post-dated script. On 9-14-2015, the Utilization Review noncertified the request for MS (morphine sulfate) Contin 15 mg tablet, Qty 60, 1 by mouth 2 times daily; plus 1 post-dated script.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS (morphine sulfate) Contin 15 mg tablet, Qty 60, 1 by mouth 2 times daily; plus 1 post-dated script): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation [http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306\\_05.htm](http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_05.htm).

**Decision rationale:** As per MTUS guidelines, documentation meets criteria for approval with appropriate assessment of benefit and screening of abuse. However, this provider requested approval for a post-dated prescription. This is illegal as per Federal law. As per 21 CFR 1306.05(a). "(a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued..." This is not a valid request and MTUS guidelines do not recommend unmonitored medication refills. The request is not medically necessary.