

<b>Case Number:</b>	CM15-0199182		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/30/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 33 year old female with an industrial injury date of 01-30-2010. Medical record review indicates she is being treated for chronic back pain and radicular pain. Subjective complaints (08-27-2015) included low back pain. Physical exam noted severe lumbar tenderness with positive straight leg raising. In the treatment note dated 08-27-2015 the treating physician documented Lyrica was denied and trial of Gabapentin was without benefit. Her pain was documented as 10 out of 10 without medications. The pain rating with medications is difficult to decipher. Medications prescribed at the 08-27-2015 visit included MS Contin, Lyrica and Alprazolam. In the 07-09-2015 treatment note, the treating physician noted the injured worker had filled Morphine Sulfate "but only 90 tabs - will run out today." "Tolerated and helpful." Physical exam is documented as "significant tenderness, DTR positive and sensory intact." In the progress note (05-06-2015), the treating physician noted the injured worker's surgical procedure consisted of extensive decompression and fusion with infection and delayed healing postoperatively. "The benefits of surgery were negligible, in so far as his pain burden increased." Prior treatment included epidural steroid injection, TENS, aqua therapy ("significant relief") and physical therapy ("aggravated her discomfort"). Her medications included MS Contin (since at least 06-20-2015), Lyrica and Alprazolam. Prior medications included Alprazolam, Lidocaine patch, Lyrica, Tramadol, Cymbalta, Zofran and Hydrocodone-APAP. The treating physician documented (08-27-2015): "No side effects or aberrant behaviors." Review of medical records does not indicate urine drug screening. On 09-16-2015 the request for Morphine Sulfate ER 30 mg #84 was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30mg #84:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Drug testing, Opioids, long-term assessment.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. In this case, the records reviewed demonstrate insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/27/15. Therefore, the request does not meet criteria set forth in the guidelines and is not medically necessary.