

<b>Case Number:</b>	CM15-0027565		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39-year-old male who sustained an industrial injury on 8/26/10. He complains of low back pain. His pain intensity is 8/10. He has been denied refill on his morphine sulfate. He takes Naprosyn. Diagnoses include bilateral lumbar facet joint pain L3-4, L4-5; lumbar facet joint arthropathy; chronic low back pain; lumbar post-laminectomy syndrome; incomplete L5-S1 fusion and diabetes. Treatments to date include lumbar median branch nerve injection, medications and activity modification. In the progress note dated 12/29/14, the treating provider's plan of care requests Morphine Sulfate IR. It is a trial and the efficacy will be assessed at a later date. The injured worker has failed Norco, oxycontin and Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Morphine Sulfate IR 15mg x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 120 Morphine Sulfate IR 15mg x2 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for 120 Morphine Sulfate IR 15mg x2 is not medically necessary.