

<b>Case Number:</b>	CM15-0219618		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: 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 56 year old female, who sustained an industrial injury on 11-6-08. The injured worker was diagnosed as having cervical spinal stenosis, cervical spondylosis, sacroiliitis, disorders of the sacrum, and lumbosacral spondylosis. Treatment to date has included medication such as Oxycodone, Morphine Sulfate, Cymbalta, and Neurontin. Physical exam findings on 9-25-15 included tenderness to palpation of the cervical paraspinal muscles with spasm and trigger points. Spurling's test and foraminal compression test were positive. Tenderness to palpation was noted over the lumbar spine with spasm and pain with facet loading. Patrick's sign and Faber's test were positive. On 8-20-15, pain was rated as 7 of 10 at least and 10 of 10 at worst. The injured worker had been taking Morphine Sulfate since April 2015. On 9-25- 15, the injured worker complained of pain in the back, neck, and knee rated as 5 of 10 at least and 10 of 10 at worst. On 10-9-15, the treating physician requested authorization for Morphine Sulfate ER 30mg x30 day supply. On 10-14-15 the request 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 tab 30-mg ER, 30 day supply with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids, risk evaluation & mitigation strategy (REMS).

**Decision rationale:** The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. As noted in ODG, Treating non-cancer pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic non-cancer pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007. Deaths caused by oxycodone are especially high, and the majority are unintentional and occur in relatively young individuals. The evidence for effectiveness is very thin, and many patients do not end up having significant relief from their pain, but the risk of addiction is much higher than initially thought. Studies in the 1990s suggested that the risk for addiction was less than 1%, but the actual risk of addiction for patients who are being treated for chronic pain for several months or longer is much higher, as much as 35%. (Dhalla, 2011) The request for morphine sulfate is not supported. The request for Morphine sulfate tab 30 mg ER, 30-day supply with 0 refills is not medically necessary and appropriate.