

<b>Case Number:</b>	CM15-0220693		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: North Carolina

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 45 year old male, who sustained an industrial injury on 3-11-10. The injured worker has complaints of low back pain, left buttock and down the back of the left leg pain. The documentation on 9-22-15 noted that the injured workers pain level 10 out of 10 goes down to a 6-7 out of 10 with the use of morphine sulfate ER and Norco. There is tenderness to palpation and stress testing of the left sacroiliac joint. Lumbar spine computerized tomography (CT) scan on 10-8-13 and lumbar spine X-rays on 10-8-13. The diagnoses have included syndrome post laminectomy lumbar; disorder of coccyx not otherwise specified and lumbar disc displacement without myelopathy. Treatment to date has included Naproxen; Protonix; Norco; Cymbalta and Morphine. The original utilization review (10-14-15) non-certified the request for hydrocodone, acetaminophen 10-325 mg #60 and morphine sulfate ER 15 mg #30. The request for morphine sulfate ER 30 mg #45 has been modified to morphine sulfate ER 30mg #18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg #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 for chronic pain.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Morphine Sulfate ER 30 mg #45:** 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 for chronic pain.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Morphine Sulfate ER 15 mg #30:** 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 for chronic pain.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.