

<b>Case Number:</b>	CM15-0030739		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old female, who sustained a work related injury on 6/11/11. She twisted her right ankle. The diagnoses have included lumbago, lumbosacral neuritis/radiculitis, chronic pain and depression/anxiety. Treatments to date have included oral pain medications, use of spinal cord stimulator and activity modification. In the PR-2 dated 1/27/15, the injured worker complains of bilateral foot and ankle pain, right greater than left. She describes the pain as constant, burning and stabbing. She rates the pain an 8/10. She has right ankle stiffness and tenderness to palpation of right knee. It is noted that the injured worker went through a detoxification program and was off all opioid medications. Now, taking opioid medications once again and wishing to go through another detoxification program after spinal cord stimulator gets replaced. On 2/13/15, Utilization Review non-certified a request for Morphine fast release #240. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine fast release tablet #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80-88.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Morphine fast release tablet #240. Generally, the MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain; when used for longer than 6 months, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records reviewed indicate the injured worker has been using a daily dose of about 240 morphine equivalents of opioids, (double the maximum recommended dose of morphine equivalents per day). Despite this dosing, the pain has not decreased beyond 3/10 in the past 30 days; the injured workers' functioning has not improved. The MTUS recommends discontinuing treatment with opioids if there is no overall improvement in pain and functioning. Therefore, this request is not medically necessary.