

<b>Case Number:</b>	CM15-0041030		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/13/2005
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on December 13, 2005. She reported a trip and fall incident during which she hit a forklift with the right upper back and right hip. The injured worker was diagnosed as having chronic pain syndrome, cervical spine degeneration, myalgia, myositis, cervical spondylosis and osteoarthritis. Treatment to date has included physical therapy, chiropractic therapy, medication, diagnostic studies, epidural steroid injections of the cervical and lumbar spine, imaging of the lumbar spine and cervical spine, and cervical radiofrequency lesioning. The evaluating physician notes that injections and procedures have not helped the injured worker and there is consideration for pain clinic care. Currently, the injured worker complains of continued low back pain with radiculopathy and neck pain. The injured worker rated the pain an 8 on a 10 point scale and noted that she has no improvement in functional status. On examination, the injured worker tenderness to palpation of the cervical spine paraspinal muscles, the trapezius muscles and the lumbar spine. She had a positive straight leg raise test on both legs and an antalgic gait. Her treatment plan includes an exercise program and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two prescriptions of morphine sulphate ER 30 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two prescriptions Morphine sulfate ER 30 mg #60 are not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, injured worker's working diagnoses are chronic pain syndrome; disk displacement with radiculitis lumbar; degeneration cervical intervertebral disc; headache; generalized osteoarthritis, unspecified site; cervical spondylosis without myelopathy; nonorganic sleep disorder; morbid obesity; depressive disorder; and unspecified myalgia and myositis. The most recent progress note in the medical record is January 29, 2015. The injured worker's present pain scale is 8/10. A review of the available documentation indicates the injured has been on opiates for approximately 7 years. In 2008, the injured worker was on Fentanyl and Norco. In 2010, the injured worker was on Fentanyl and Norco. In 2012, the injured worker was taking Methadone 10 mg with Norco and Flexeril. In 2013, the injured worker was on Morphine sulfate extended release 15 mg and Norco. The documentation contains risk assessments and pain assessments. The documentation does not contain evidence of objective functional improvement. Moreover, from 2013 when the injured worker was on Morphine sulfate extended release 15 mg, the dose has been increased to Morphine sulfate extended release 30 mg. The injured worker is still taking Norco. There is been no attempt at weaning and there is no evidence of objective functional improvement with long-term opiate use. Consequently, absent clinical documentation with objective functional improvement with a seven-year history of ongoing opiate use with no attempt at weaning Morphine sulfate extended release 30mg, two prescriptions Morphine sulfate ER 30 mg #60 are not medically necessary.