

<b>Case Number:</b>	CM15-0046907		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/19/1989
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72-year-old female who sustained an industrial injury on 04/19/1989. Diagnoses include lumbar disc disorder, lumbar radiculopathy, post-lumbar laminectomy syndrome, low back pain, and insomnia. Treatment to date has included diagnostics, surgery, and medications. A physician progress note dated 02/26/2015 documents the injured worker has pain in the low back radiating down the right leg. She has an increased pain level and her activity level has decreased since change in her medications. She rates her pain as 8 out of 10 with medications, and 9 out of 10 without medications. The injured worker also has increasing muscle spasm of the lumbar spine and right leg since medications were switched. She has a right sided antalgic gait, a slowed gait, and a stooped gait. Treatment requested is for Morphine Sulfate Tab 15mg ER day supply 30 quantity: 60 Rx date: 03/02/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul Tab 15mg ER day supply: 30 quantity: 60 Rx date: 03/02/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** Per the 02/26/15 PTP progress report [REDACTED], the patient presents with increased lower back pain radiating down the right leg s/p lumbar surgeries x 3. Her listed diagnoses include Post lumbar laminectomy syndrome. The current request is for Morphine Sulfate 15mg ER day supply: 30 quantities: 60 RX date 03/02/05. The RFA is not included. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed opioids since before 08/21/14. The 03/19/15 report by [REDACTED] states the patient has been without prescribed opioids for the last month as the medication was denied. Previously with prescribed medications including MS Contin and Percocet she was able to continue walking 2 miles 2-3 times a week and went to the gym twice a week and she enjoyed gardening and restful sleep 6-7 hours a night. Since this medication was completely discontinued, increased pain prevents the above activities and sleep in reduced to 2-3 hours per night. Pain without medications is rated 8/10. On 01/22/15 pain with medication was rated 8/10 and without 10/10. Pain is routinely assessed through the use of pain scales. [REDACTED]. states on 02/26/15 that this is a chronic pain patient that requires her medications to function. Side effects of medication are discussed. There is no evidence of adverse behavior. CURES is noted to be appropriate on 02/26/15, the 04/14/14 UDS is noted consistent and a pain contract was signed 02/26/15. There is sufficient documentation to support long-term opioid use as required by the MTUS guidelines. The current request is medically necessary.