

<b>Case Number:</b>	CM15-0051454		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/17/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58 year old male, who sustained an industrial injury on October 17, 2000. He reported low back pain and lower extremity radicular pain. The injured worker was diagnosed as having chronic low back pain, lumbar degenerative disc disease, status post lumbar hemilaminectomy and discectomy, degenerative disc disease, bulging lumbar discs, lumbosacral radiculopathy, thoracic strain, pain related insomnia and depression, Iatrogenic bradycardia, possible left cubital tunnel syndrome, chronic cervicalgia, cervical degenerative disc disease with radiculopathy, cervical spinal cord stenosis, cervical disc bulge, opioid pain management and chronic depression . Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, medications and work restrictions. Currently, the injured worker complains of neck pain with upper extremity radiculopathies, low back pain, hip pain and lower extremity radiculopathies. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 2, 2014, revealed continued pain as previously noted. He required a cane for ambulation. Pain medications were adjusted and renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 20.5mg:** Upheld

**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 Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 58 year old male with an injury on 10/17/2000. Despite lumbar surgery he has chronic low back pain with radiculopathy. He has cervical radiculopathy. He ambulates with a cane. MTUS, Chronic Pain guidelines for on-going opiate treatment require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The requested medication is an opiate and the documentation does not meet the above criteria. The continued long term treatment with opiates is not consistent with MTUS guidelines and is not medically necessary for this patient.

**Naltrexone #60:** Upheld

**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 Opioids On-Going Management Page(s): 78 -79.

**Decision rationale:** The patient is a 58 year old male with an injury on 10/17/2000. Despite lumbar surgery he has chronic low back pain with radiculopathy. He has cervical radiculopathy. He ambulates with a cane. MTUS, Chronic Pain guidelines for on-going opiate treatment require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The requested medication is an opiate and the documentation does not meet the above criteria. The continued long term treatment with opiates is not consistent with MTUS guidelines and is not medically necessary for this patient.