

<b>Case Number:</b>	CM15-0059934		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/13/1994
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 Jersey  
 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:

This 61 year old woman sustained an industrial injury on 10/13/1994. The mechanism of injury is not detailed. Evaluations include electromyogram/nerve conductions studies dated November 2011. Diagnoses include multilevel cervical degenerative disease, left upper extremity radiculopathy, lumbar degenerative disease, and chronic lumbar radiculopathy. Treatment has included oral and topical medications, multiple surgical interventions, physical therapy, chiropractic treatment, and caudal epidural steroid injections. Physician notes dated 3/11/2015 show continued complaints of low back and low extremity pain rated 5-6/10. Recommendations include a spinal cord stimulator trial, Morphine ER, Morphine IR with a decreased quantity, Elavil, Gabapentin, Lidocaine 5% ointment, Senokot-S, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was a reported instruction by the provider to use morphine IR 15 mg less frequently due to reported side effects related to this medication, but to maintain at least the current pain control and functional gains related to her opioid use overall, the provider increased her baseline dosing (morphine ER 15 mg 1-2 per day). At the newer requested dosing, the highest dose per day would be 120 mg. This modification in medication is reasonable and medically necessary to reduce side effects but not increase the dosing as long as the worker does not overuse the morphine IR, of course.