

<b>Case Number:</b>	CM15-0088360		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/18/2002
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Arizona, California

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 injured worker is a 52 year old male who reported an industrial injury on 9/18/2002. His diagnoses, and or impression, were noted to include: thoracic pain; knee pain; low back pain; lower leg joint pain; carpal tunnel syndrome; and lateral epicondylitis. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include daily stretching and bi-weekly walking; lumbar epidural steroid injection therapy - 50-60% effective; medication management with toxicology screenings; and rest from work. The progress notes of 4/14/2015 reported a follow-up visit for mild, radiating back pain into the left leg, and lower-back ache with being on his current medications; with pain being moderate off medications. He reported his pain causes a decrease in his activities and interferes with his sleep. Objective findings were noted to include the use of a cane; tenderness to the bilateral thoracic para-vertebral muscle band; tight bilateral lumbar muscles with restricted/painful range-of-motion; positive Hawkin's and Neer's tests of the left shoulder; tenderness to the lateral epicondyle of the right elbow; positive Tinel's sign of the right wrist; deformity/arthritis changes in the bilateral knees, with quadriceps atrophy, restricted range-of-motion, and the wearing of an up-loader knee brace on the right knee; and limited motor examination due to pain. The physician's requests for treatments were noted to include a prescription for the long-acting opiate, Morphine Sulphate Extended Release, for long-acting pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulphate ER 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not indicated 1st line for chronic knee or nerve root pain. It is not 1st line for mechanical or compress etiologies. In this case, the claimant had been on Norco and NSAIDS for over a year. The with 5-% pain reduction at the time. The claimant is currently using MSContin, Meloxicam Amitryptiline and Norco for pain. Pain response to Morphine alone cannot be determined. There was no indication of Tylenol failure. The claimant is requiring additional opioids indicating tolerance. Continued and chronic use can lead to addiction. The continued use of MS Contin is not medically necessary.