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| <b>Case Number:</b>   | CM15-0088959 |                              |            |
| <b>Date Assigned:</b> | 05/13/2015   | <b>Date of Injury:</b>       | 01/20/2009 |
| <b>Decision Date:</b> | 06/12/2015   | <b>UR Denial Date:</b>       | 04/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2015 |

### 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 01/20/2009. He has reported subsequent low back and left knee pain and headaches and was diagnosed with chronic persistent intractable low back pain and lower extremity radiculopathy, multilevel lumbar degenerative disc disease, chronic pain syndrome and mild to moderate sprain/strain of the left knee. Treatment to date has included oral pain medication, a home exercise program, surgery and a functional restoration program. In a progress note dated 04/07/2015, the injured worker complained of low back pain that radiates to the lower extremities with severe weakness in the left lower extremity. Objective findings were notable for tenderness to palpation over the bilateral lumbar paraspinal musculature from L3-S1, positive straight leg raise on the left at 40 degrees, pain at the medial and lateral aspect of the left knee and hypoesthesia in the left L5 dermatome. A request for authorization of Morphine IR was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine IR (immediate release) 30mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR; Long-term Users of Opioids (6-months or more); Weaning of Medications Page(s): 93, 88, 124.

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

**Decision rationale:** According to the MTUS guidelines, Morphine is not recommended for nerve root pathology. Opioids are not indicated for mechanical or compressive etiologies. In addition, the total dose of Morphine daily should not exceed 120 mg. In this case, the claimant was on MSIR and MSER in a combined dose that exceeded 120 mg. There was no mention of tricyclic or lower dose/potency opioid to maintain pain control. The continued use of MSIR in combination with MSER is not medically necessary.