

<b>Case Number:</b>	CM14-0137189		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/13/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old female who was injured on 07/13/2005 sustaining chronic lumbar pain. The mechanism of injury is not reported in the clinical documentation submitted for review. Current diagnosis include lumbar degenerative disc disease. The 21-page documentation provided for review does not include any clinical note, recent or old. The previous request for Morphine ER 15mg/12 hours take 1 Q 8 hours #90 was certified on 08/01/14, with modification to allow the patient the second refill of Morphine ER 15mg #90 for the purpose of weaning to discontinue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There were on clinical documents,

recent or old, submitted for this review. The lack of documentation limits the ability to establish the patient's current status and substantiate the medical necessity of the requested medication. As such, the request for the medication Morphine ER 15mg #90 is not recommended as medically necessary at this time.