

<b>Case Number:</b>	CM14-0148441		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 49-year-old female with a 1/21/98 date of injury, when she sustained the injury to her lower back while handling a heavy pipe. The patient underwent back surgery in 2001. The patient was seen on 8/14/14 with complaints of debilitating low back pain and disability; the patient recently fell from her trailer and had been having exacerbations of the pain. The patient's medications were: Oxycontin 40mg, Hydrocodone/Acetaminophen 10/325 1 tab Q6 hr PRN, Lorazepam, Topamax and other medications. The note stated that the patient had allergic reaction to Morphine Sulfate in the past. Exam findings revealed lumbar spasm and tenderness, non-tender and soft abdomen and the patient alert and oriented times 3. The diagnosis is lumbosacral disc degeneration, chronic neck and lower back pain. Treatment to date: physical therapy, work restrictions and medications. An adverse determination was received on 8/20/14. The request for Morphine Sulfate 30 mg was denied give that the patient had been taking Oxycontin and the provider wanted to change the order to Morphine Sulfate due to a lack of payment for the Oxycontin. The patient was already weaned off of Oxycontin and addition of Morphine was not recommended at the time. In addition, the patient's cumulative dose of opioids exceeded 120 mg per day. The request for Norco 10/325mg was modified to 1 prescription of Norco 10/325 mg #45 for the purpose of weaning. The patient had been utilizing opioids for an extended period at a dose that exceeded the oral morphine equivalents per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Morphine Sulfate 30 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
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**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was using opioids which dose exceeded the recommended morphine equivalent dose. Given the 1998 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the progress note dated 8/14/14 indicated the patient had allergic reaction to Morphine Sulfate in the past. Therefore, the request for 1 prescription of Morphine Sulfate 30 mg was not medically necessary.