

<b>Case Number:</b>	CM14-0094928		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 32 year-old individual was reportedly injured on 9/30/2013. The mechanism of injury is not listed. Most recent progress note, dated 7/14/2014. Indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated lumbar spine: positive paraspinal muscle spasms, trigger point's bilateral sciatic, lumbar paraspinals at L4-5 bilaterally. Limited range of motion. Motor sensory exam is normal. Deep tendon reflexes normal. Diagnostic imaging studies mentioned MRI of the lumbar spine date unknown which reveals degenerative joint disease, degenerative disc disease, and mild spinal stenosis. Previous treatment includes physical therapy, chiropractic care, medications, epidural steroid injection, tens unit, and back brace. A request had been made for Morphine Sulfate and was not certified in the pre-authorization process on 5/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 75, 78, 93 OF 127.

**Decision rationale:** Morphine Sulfate is an opioid analgesic drug used to relieve intense pain. MTUS guidelines support opiates in the management of chronic pain. So you are Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.