

<b>Case Number:</b>	CM14-0205552		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 55 year old male with an injury date of 11/07/03. Based on the 12/01/14 progress report provided by treating physician, the patient complains of ongoing pain rated 7/10 at unspecified location, and sporadic failure of his dorsal column stimulator (DCS) to control pain, no other subjective physical complaints are included. Patient's surgical history is not provided, however it is noted that he has a DCS in place, though it is not functioning. Physical examination 12/01/14 revealed tenderness to palpation to the lumbar spine, antalgic gait and a lower back brace in place, no other physical findings are included. The patient's current medication regimen is not specified; though progress note dated 12/01/14 indicates that this patient has not taken opioid medications since 10/26/14. Additionally, ER visit progress note dated 11/13/14 indicates that this patient was administered at least one dose of morphine in the emergency room. Patient is disabled. Diagnostic imaging was not included. Diagnosis 12/01/14- Other chronic pain- Carpal tunnel syndrome- Malfunctioning DCS, evaluation and treatment for removalThe utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 05/20/14 to 12/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul tablet 60mg ER day supply: 30 quantity: 120 refills: 00 Rx date: 11/08/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,76-78.

**Decision rationale:** The patient presents with ongoing pain rated 7/10 at unspecified location, and sporadic failure of his dorsal column stimulator (DCS) to control pain, no other subjective physical complaints are included. Patient's surgical history is not provided, however it is noted that he has a DCS in place, though it is not functioning. The request is for MORPHINE SUL TAB 60MG ER DAY SUPPLY: 30 QTY: 120 REFILLS:00 RX DATE 11/08/2014. Physical examination 12/01/14 revealed tenderness to palpation to the lumbar spine, antalgic gait and a lower back brace in place, no other physical findings are included. The patient's current medication regimen is not specified, though progress note dated 12/01/14 indicates that this patient has not taken opioid medications at home since 10/26/14. Additionally, ER visit progress note dated 11/13/14 indicates that this patient was administered at least one dose of morphine in the emergency room. Patient is disabled. Diagnostic imaging was not included. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater is requesting 60mg Morphine Sulfate tabs to control this patient's intractable chronic lower back pain which is currently exacerbated by a failed dorsal column stimulator. While this patient's chronic pain appears significant, the treater has not documented analgesia attributed to this medication, any specific improvements to activities of daily living, nor discussed any adverse side effects. Progress note dated 12/01/14 indicates that a UDS was conducted point of care, though no results nor discussion were provided. Owing to lack of documentation required by MTUS for continued use of opioid medications, this request IS NOT medically necessary.

**Morphine SUL tablet 30mg day supply: 30 quantity: 180 refills: 00 Rx date: 11/08/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,76-78.

**Decision rationale:** The patient presents with ongoing pain rated 7/10 at unspecified location, and sporadic failure of his dorsal column stimulator (DCS) to control pain, no other subjective physical complaints are included. Patient's surgical history is not provided, however it is noted

that he has a DCS in place, though it is not functioning. The request is for MORPHINE SUL TAB 60MG ER DAY SUPPLY: 30 QTY: 120 REFILLS:00 RX DATE 11/08/2014. Physical examination 12/01/14 revealed tenderness to palpation to the lumbar spine, antalgic gait and a lower back brace in place, no other physical findings are included. The patient's current medication regimen is not specified, though progress note dated 12/01/14 indicates that this patient has not taken opioid medications since 10/26/14. Additionally, ER visit progress note dated 11/13/14 indicates that this patient was administered at least one dose of morphine in the emergency room. Patient is disabled. Diagnostic imaging was not included. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater is requesting 30mg Morphine Sulfate tabs to control this patient's intractable chronic lower back pain which is currently exacerbated by a failed dorsal column stimulator. While this patient's chronic pain appears significant, the treater has not documented analgesia attributed to this medication, any specific improvements to activities of daily living, nor discussed any adverse side effects. Progress note dated 12/01/14 indicates that a UDS was conducted point of care, though no results nor discussion were provided. Owing to lack of documentation required by MTUS for continued use of opioid medications, this request IS NOT medically necessary.