

<b>Case Number:</b>	CM14-0217447		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New Jersey, New York  
 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:

This is a male patient with an injury date of 10/04/2010. The supporting documentation reports multiple dates of injury beginning with 2006 he was struck by a heavy object causing him to fall and hit his head. In 2009-2010, he is noted undergoing three surgical procedures on the right shoulder. Then again on 10/04/2010 he re-injured his right shoulder and low back and has not worked since. A primary treating physician note dated 07/21/2014 described the patient with complaint of urologic symptom, hematuria. He was diagnosed with mood disorder, obstructive sleep apnea. The plan of care involved outpatient psychiatric visits and continue with following medications; Latuda, Sertraline, Zolpidem ER, Clonazepam, Benazepril, Gabapentin, Butrans patch and Levothyroxin. A request was made on 12/10/2014 for services asking for the medication Morphine Sulfate ER. The Utilization Review denied the request as not meeting medical necessity requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request for morphine is medically necessary. The chart t provides objective documentation of improvement in pain and function with the use of morphine. He had 50% decrease in pain, and 50% improvement in the ability to do activities such as dressing and self-care. The progress notes stated that urine drug screens were consistent and he had an up-to-date drug contract. The patient had attended a functional restoration program. He was unable to wean off medications. He had no side effects and aberrant behavior. His ODI score decreased from 36 to 25 on medications. The 4 A's of ongoing monitoring were adequately documented. Therefore, the request is considered medically necessary.