

<b>Case Number:</b>	CM14-0056910		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old male who sustained an industrial injury on 6/19/1998. His diagnoses, and/or impressions, are noted to include lumbar disc herniation with radicular symptoms; neuropathic burning pain in both legs; and status-post lumbar fusion with instrumentation and lumbosacral "BAK" cage placement. No current imaging studies are noted. His treatments have included intramuscular injections for pain, and pain management. Progress notes of 3/26/2015 reported severe pain that is improved with his pain medication, and his request for another intramuscular injection for increased pain. Objective findings were noted to include forward flexion with antalgic gait and the inability to stand up straight; as well as the report of a new herniated disc, above his prior fusion, which will require additional surgery. The physician's requests for treatments were noted to include an intramuscular injection with Morphine and Phenergan for pain, as well as continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Morphine 10mg with Phenergan 25mg IM injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morphine sulfate, Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1998 and continues to between for chronic back pain. When seen, medications are referenced as decreasing pain from 9/10 to 7/10 with a 50% improvement in function. Physical examination findings included a forward flexed posture and was unable to stand upright. There was decreased lumbar spine range of motion with an antalgic gait and decreased right lower extremity sensation. An intramuscular injection of morphine was administered. Oxycontin and Norco were prescribed at a total MED (morphine equivalent dose) of 185 mg per day. An intramuscular injection would be considered if parenteral medication administration was required due to, for example, intractable nausea and vomiting. In this case, there was no reason for provide an intramuscular injection of a short acting opioid such as morphine when oral medications were available. The request is not medically necessary.

**Norco 10/325mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1998 and continues to between for chronic back pain. When seen, medications are referenced as decreasing pain from 9/10 to 7/10 with a 50% improvement in function. Physical examination findings included a forward flexed posture and was unable to stand upright. There was decreased lumbar spine range of motion with an antalgic gait and decreased right lower extremity sensation. An intramuscular injection of morphine was administered. Oxycontin and Norco were prescribed at a total MED (morphine equivalent dose) of 185 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Norco at this dose was not medically necessary.