

<b>Case Number:</b>	CM15-0006443		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 50 year old female who sustained an industrial injury on 10/23/2009. She complains of right-sided low back, buttock, calf and foot pain. Diagnoses include lumbar displacement with radiculitis, lumbosacral spondylosis without myelopathy, status post-fusion of the L5-S1, adjustment disorder with mixed anxiety and depressed mood, and chronic pain syndrome. Treatment to date has included medications, home exercise program, acupuncture, and epidural steroid injections. A physician progress note dated 12/29/2014 documents the injured workers pain was rated as 6 out of 10, and also experiences pain and cramping to the lower right leg. The injured worker states the home exercise program and her medications are not working as she would like. Treatment request by the providing physician is requesting Morphine Sulfate CR 15mg, #60, and Morphine Sulfate CR 15mg, #60. On 01/08/2015 the Utilization Review modified the request for Morphine Sulfate CR 15mg # 60 to Morphine Sulfate CR 15 mg, # 27 between 12/29/2014 to 03/07/2015, for weaning purposes, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/08/2015 Utilization Review non-certified the request for Morphine Sulfate CR 15mg, #60 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate CR 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate CR 15 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnoses are chronic pain syndrome; disc displacement with radiculitis, lumbar; lumbosacral spondylosis without myelopathy; adjustment disorder with mixed anxiety and depressed mood; obesity; persistent disorder of initiating or maintaining sleep; and asthma, unspecified. Subjectively, the injured worker complains of right sided low back pain (6/10) and pain that radiates down the right lower leg cramping to the muscles. Objectively, there is flattening of the normal lumbar stenosis noted. There is facet tenderness at the right lower lumbar region. Morphine sulfate CR 15 mg was prescribed as far back as June 1, 2014. The documentation contains several compliance issues as it relates to narcotics. A narcotic agreement was signed October 10, 2011. The injured worker was considered a low risk for opiate misuse/abuse. The injured worker lost a morphine prescription February 5, 2014. The injured worker received another narcotic from a different (second) physician on January 22, 2014. The narcotic was not identified. The injured worker was seen in the emergency department on January 13, 2014 and was given Oxycodone 5/325 mg. Oxycodone 5/325 mg is not one of the ongoing narcotic opiate medications prescribed by the treating physician. Additionally, the documentation does not contain objective functional improvement with the ongoing use of morphine to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Morphine in association with several compliance issues (supra), Morphine sulfate CR 15 mg #60 is not medically necessary.

**Morphine Sulfate CR 15mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate CR 15 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional

status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnoses are chronic pain syndrome; disc displacement with radiculitis, lumbar; lumbosacral spondylosis without myelopathy; adjustment disorder with mixed anxiety and depressed mood; obesity; persistent disorder of initiating or maintaining sleep; and asthma, unspecified. Subjectively, the injured worker complains of right sided low back pain (6/10) and pain that radiates down the right lower leg cramping to the muscles. Objectively, there is flattening of the normal lumbar stenosis noted. There is facet tenderness at the right lower lumbar region. Morphine sulfate CR 15 mg was prescribed as far back as June 1, 2014. The documentation contains several compliance issues as it relates to narcotics. A narcotic agreement was signed October 10, 2011. The injured worker was considered a low risk for opiate misuse/abuse. The injured worker lost a morphine prescription February 5, 2014. The injured worker received another narcotic from a different (second) physician on January 22, 2014. The narcotic was not identified. The injured worker was seen in the emergency department on January 13, 2014 and was given Oxycodone 5/325 mg. Oxycodone 5/325 mg is not one of the ongoing narcotic opiate medications prescribed by the treating physician. Additionally, the documentation does not contain objective functional improvement with the ongoing use of morphine to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Morphine in association with several compliance issues (supra), Morphine sulfate CR 15 mg #60 is not medically necessary.