

<b>Case Number:</b>	CM15-0102667		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/29/2003
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New Jersey  
 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 5/29/03. The injured worker was diagnosed as having lumbar spine pain, lumbar fusion and status post laminectomy. Treatment to date has included physical therapy, topical medications including Duragesic and Lidoderm and oral Morphine; cane for ambulation and activity restrictions. Currently, the injured worker complains of left knee pain with instability, he rates the pain 8/10. He notes inability to sleep due to pain. He is currently retired. Physical exam noted tenderness in midline lumbar spine at T5-6 and a cane for ambulation. The treatment plans included requests for Duragesic patch, Morphine, follow up appointment, knee brace and motorized scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was a report of Dilaudid, which was used for breakthrough pain, causing some dizziness and headaches. The worker requested trying a different medication to replace it, and morphine sulfate was then prescribed for him to take instead of the Dilaudid. A sufficient review of baseline pain levels, appropriate use, side effects, and functional baseline was included in the recent note to warrant starting a new opioid, and the reasoning is justified. Therefore, the request for morphine sulfate 15 mg will be considered medically necessary.