

<b>Case Number:</b>	CM15-0013726		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/17/1998
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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

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 60 year old female, who sustained an industrial injury on March 17, 1998. The diagnoses have included osteoarthritis of knee, chronic pain syndrome and degeneration of lumbar intervertebral disc. A progress note dated January 6, 2015 provides the injured worker has tenderness of lumbar spine and SI joint and decreased sensation of the sole of the foot. Back and knee pain is rated 5/10 with medication and 9/10 with medication. She reports a recent fall due to weakness and increased pain due to cold weather. On January 9, 2015 utilization review modified a request for Morphine 30 mg, to be taken 4 times a day for a 30 day supply, quantity # 120. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 23, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 30 mg, take 4 times a day, 30 days supply, # 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the domains specified by the CPMTG. On morphine, the patient's pain score is 5/10 whereas without medications the score is 9/10 according to a note dated 1/6/15. Improvement in function was clearly outlined in a note on 12/2/14 and the patient can get around more easily and run errands with the benefit of medications. There is monitoring for aberrant behaviors such as urine drug testing on 9/3/14 which appears consistent. Side effects are not noted to the morphine although this should be explicitly queried and documented in future notes. Based on the documentation, this medication is presently recommended as medically necessary.