

<b>Case Number:</b>	CM15-0016197		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 02/18/2011. The injured worker reportedly suffered an injury while working on a sliding fire door. The current diagnosis is lumbar/lumbosacral disc degeneration. The only physician progress report submitted for review is a supplemental report dated 12/23/2014. It was noted that the injured worker had been seen on 11/18/2013, with complaints of low back pain. The injured worker also reported radiating symptoms in to the right lower extremity. It was also noted that the injured worker was utilizing tramadol 200 mg. The injured worker had been initially diagnosed with lumbar strain, with right lumbar radiculopathy. It was determined that 10% of the injured worker's disability would be apportioned to pre-existing changes and 90% would be industrially related. There was no Request for Authorization form submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Morphine Sulfate ER 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should be not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no indication that this injured worker is currently utilizing morphine sulfate ER 30 mg. There is no mention of a failure of non-opioid analgesics. There was no recent physical examination provided. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behaviors were not provided. There is no frequency listed in the request. Given the above, the request is not medically appropriate.