

<b>Case Number:</b>	CM15-0111557		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/04/2002
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Emergency 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:

This 53-year-old male sustained an industrial injury to the low back on 3/12/01. Previous treatment included chiropractic therapy, physical therapy, epidural steroid injections, trigger point injections and medications. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/4/15, the injured worker complained of low back pain with radiation down the left leg. The injured worker rated his pain 4/10 on the visual analog scale with medications and 10/10 without. The duration of the effect of the medication was less than 30 minutes. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lumbar facet joints, restricted and painful range of motion, negative bilateral straight leg raise, positive left Patrick test, positive bilateral Reverse Thomas test and intact sensation and motor strength throughout. Current diagnoses included lumbar spine radiculitis, trochanteric bursitis, carpal tunnel syndrome, osteoarthritis of hand, lumbar spine degenerative disc disease, lumbar spine spondylosis without myelopathy and acquired spondylolisthesis. The treatment plan included refilling Morphine Sulfate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, 82.

**Decision rationale:** The requested Morphine Sulfate 30mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, 82 recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation down the left leg. The injured worker rated his pain 4/10 on the visual analog scale with medications and 10/10 without. The duration of the effect of the medication was less than 30 minutes. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lumbar facet joints, restricted and painful range of motion, negative bilateral straight leg raise, positive left Patrick test, positive bilateral Reverse Thomas test and intact sensation and motor strength throughout. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine Sulfate 30mg #120 is not medically necessary.