

<b>Case Number:</b>	CM15-0115873		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 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 38 year old male who sustained an industrial injury on 1/20/09. He reported sharp pain in back with shooting pain down his left leg while lifting a patient. The injured worker was diagnosed as having chronic persistent intractable low back pain with lower extremity radiculopathy and weakness, multilevel lumbar degenerative disc disease, status post L4-5 disc arthroplasty and L5-S1 lumbar anterior interbody fusion; compensatory mild to moderate sprain/strain of left knee, headache, chronic pain syndrome, chronic opioid therapy and insomnia. Treatment to date has included oral medications including Morphine ER 30mg, Morphine IR 15mg and Gabapentin 600mg; lumbar discectomy, lumbar fusion, physical therapy, functional restoration program, left knee brace and home exercise program. Morphine has been prescribed since at least March of 2014. Progress note dated 3/18/14 noted the injured worker stated his pain level was 7-8/10 with medications (it could drop to 6/10 on a good day) and 10/10 without medications. Currently, at a visit on 5/12/15, the injured worker complains of symptomatic low back pain with radiation to both lower extremities, rated 6/10 with medications and 10/10 without medications, severe weakness in left lower extremity with multiple falls, insomnia and depression due to chronic pain and left knee brace not functioning properly. Opioid medication was noted to allow the injured worker to ambulate up to four blocks. The physician states the injured worker's low back pain and lower extremity pain and functional ability are improved significantly with the use of Morphine. Urine drug screenings are described as consistent with prescribed medications. A signed pain medication agreement was noted. Physical exam noted a well-healed surgical scar of lumbar spine, tenderness to palpation

over the bilateral lumbar paraspinous musculature from L3-S1, restricted lumbar range of motion, antalgic gait with a single point cane and pain to medial and lateral aspect of left knee. The treatment plan included request for authorization for morphine ER 30mg one every 12 hours for baseline pain, Morphine IR 15mg 4 times a day as needed for severe breakthrough pain and Gabapentin 600mg one 3 times a day for neuropathic pain, random urine drug screen and follow up appointment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine IR 15 mg #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 Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back pain. Opioids have been prescribed for more than one year. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although some increase in walking distance was noted, pain ratings have remained essentially unchanged and return to work was not documented. Office visits have continued at the same frequency, and there was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." As currently prescribed, morphine does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.