

<b>Case Number:</b>	CM15-0117419		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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:

This 53 year old male sustained an industrial injury to the low back on 10/17/08. Previous treatment included magnetic resonance imaging, physical therapy (20 sessions), acupuncture (20 sessions), chiropractic therapy (8 sessions), aqua therapy (20 sessions), epidural steroid injections, manual lymphatic drainage and medications. Electromyography bilateral lower extremities (4/24/14) showed S1 radiculopathy. Computed tomography lumbar spine (8/22/13) showed annular fissures at L2-3 through L5-S1, spondylosis with disc narrowing and moderate to moderately severe foraminal narrowing at right L4-5 and left L5-S1. In a Pr-2 dated 5/19/15, the injured worker complained of low back pain with radiation of numbness, tingling and cramping pain to bilateral lower extremities extending down to the toes as well as radiation of pain to between the shoulder blades. The injured worker rated his pain 8-9/10 on the visual analog scale and stated that his back pain and lower extremity symptoms continued to worsen. The injured worker also complained of upper back pain with radiation into his lower ribs rated 6-8/10. The injured worker reported that epidural steroid injections at L4-S1 provided 10% pain relief for approximately one month. Physical exam was remarkable for tenderness to palpation to the thoracic spine, lumbar spine and bilateral paraspinal musculature with limited range of motion due to pain, positive right straight leg raise, decreased sensation to the right L4 and L5 distributions and decreased bilateral Achilles and quadriceps reflexes. Current diagnoses included lumbar radiculopathy, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus and lumbar facet arthropathy. The treatment plan included updated magnetic resonance imaging of the thoracic spine and lumbar spine due to increasing pain, bilateral L5-S1

epidural steroid injections for diagnostic and therapeutic purposes, continuing medications (Norco, Gabapentin, Prilosec, Flexeril, Ketoprofen cream and MS Contin) and increasing Cymbalta dosage. The patient states that the current medication regimen reduces his pain by 50% and improves the quality of his sleep. He notes occasional constipation. Notes indicate that state database queries have been consistent, urine drug screens have been consistent, and urine specimens are repeatedly requested. The risks and benefits of the medication have been discussed with the patient.

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

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

**Morphine Sulfate tab ER #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for Morphine Sulfate tab ER #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of objective functional improvement specifically as a result of these medications, but a one-month prescription of medicine should allow the requesting physician time to better document that. As such, the currently requested Morphine Sulfate tab ER #90 is medically necessary.