

<b>Case Number:</b>	CM15-0117485		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/10/2001
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/10/2015
<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: Massachusetts

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 47 year old male, who sustained an industrial injury on 12/10/01. The injured worker has complaints of low back pain that radiates to the right lower extremity. The examination of the lumbar spine reveals positive Kemp's test and straight leg raise test bilaterally and there is pain with extension and there is decreased sensation at L4 and L5 on the left. The diagnoses have included severe neural foraminal stenosis at the left L4-5; facet hypertrophy at left L4-L5 and bilateral L3-L4 and status post anterior lumbar interbody fusion at L4-L5 level in October 2011 with 25 percent symptomatic relief. Treatment to date has included home exercise program; norco; lyrica; MS contin and zanaflex. The request was for MS contin tab 100mg ER 1 tab bid #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul tab 100mg ER 1 tab bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80, 82, 86-87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work injury in December 2001 and continues to be treated for radiating low back pain. Medications are referenced as providing 50% pain relief. When seen, pain was rated at 5/10. Physical examination findings included positive straight leg raising and positive Kemp's testing. There was decreased left lower extremity sensation. There was pain with lumbar spine extension. The claimant BMI was 36. His past medical history includes GERD. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.