

<b>Case Number:</b>	CM15-0118957		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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

### 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 61 year old male who sustained an industrial injury on 9/29/09 with current chief complaints of severe back pain and leg pain. Diagnoses are lumbar discogenic disease L1-2, L2-3 and L3-4, history of multiple back surgeries-most recently 2/20/15, significant sciatica, and mechanical low back pain with bilateral neural foraminal involvement at multiple levels L1-2, L2-3, L3-4. In a progress report dated 4/8/15, the primary treating physician notes he has continued tenderness in the abdomen and low back. The injured worker states he has begun noticing improvement and has begun walking daily. He has been taking Morphine Sulfate ER 30 mg one, twice a day for pain, that was given to him at the hospital. Pain is an 8/10 without medications and a 5/10 with medications. He has not been seen by pain management for two years. Exam reveals decreased painful range of motion. In a progress report dated 4/22/15, the primary treating physician notes lumbar spine xrays were taken and the hardware is intact with no lucency noted. Exam reveals a healed surgical incision, decreased range of motion, and painful range of motion. Left sided motor weakness is 3/5 at quadriceps/extensor hallucis longus/flexor hallucis longus. He is status post L1-5 fusion. The treatment plan is to continue the home exercise program and walking and Morphine Sulfate ER 30 mg one twice a day for post-operative pain. Work status is temporary total disability. The requested treatment is Morphine Sulfate ER one twice a day 30mg #60 for post-operative pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines opioids Page(s): 78, 93, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) Online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain post-operatively, unable to function due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit for pain management post-operatively; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Morphine Sulfate ER 30mg #60 is medically necessary and appropriate.