

<b>Case Number:</b>	CM15-0120463		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/22/2007
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 54 year old male, who sustained an industrial injury on July 22, 2007. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain/lumbago. Diagnostic studies to date have included: On May 22, 2015, an MRI that revealed an interbody fusion at the lumbar 4-lumbar 5 and lumbar 5-sacral 1, and resolution of a broad-based disc protrusion at lumbar 2-lumbar 3 when compared to the prior MRI from 2010. In 1999, he underwent a microdiscectomy at lumbar 4 and lumbar 5. On February 1, 2012, he underwent a lumbar 4-5 artificial disc placement and lumbar 5-sacral 1 anterior lumbar interbody fusion with plating. Treatment to date has included postoperative physical therapy, home exercises, ice, and medications including short-acting opioid analgesics, topical analgesic, and non-steroidal anti-inflammatory, and anti-epilepsy. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 11, 2015, the injured worker complained of continued pain in the low back, bilateral lower extremities, and feet. He reported moderate pain control with his previous medication regimen. The physical exam revealed a normal gait without a limp, tenderness to palpation of the spinous process and bilateral transverse process at lumbar 4, the sacral promontory, the sacrum, bilateral sciatic notch, bilateral ischial tuberosity, bilateral sacroiliac joints, bilateral sciatic nerves, bilateral anterior abdominal muscles, and bilateral inguinal ligaments. There was pain with active and passive range of motion of the lumbar spine. There was a diminished sensation right knee reflex and hyperactive left knee reflex. There was decreased sensation of the right lower thigh (lumbar 3), knee and medial leg (lumbar 4), the

lateral leg and dorsum of the foot (lumbar 5). There was decreased sensation the left knee and medial leg (lumbar 4), lateral leg and dorsum of the foot (lumbar 5), and the sole of the foot and the posterior leg (sacral 1). The treatment plan includes initiating Norco 10/325 three times a day as needed for pain, MS Contin 15mg twice a day, and Gabapentin 300mg three times a day. Requested treatments include: Morphine Sulfate tablet 15 mg ER #60.

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

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

**Pharmacy Purchase of Morphine Sulfate tab 15mg ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60; 74-96.

**Decision rationale:** The request is for Morphine Sulfate ER (MS Contin), which is an extended-release opioid. The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend extended-release opioids for continuous pain therapy with only one medication being changed at a time. The injured worker was started on Norco, a short-acting opioid, at the same time as the Morphine Sulfate ER, which did not allow evaluation and documentation of the injured worker's response to Norco therapy. Therefore, the request for Morphine Sulfate ER is not medically necessary.