

<b>Case Number:</b>	CM15-0123882		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/04/1989
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 5/04/1989. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, muscle spasms, gastroesophageal reflux disease, history of lumbar spinal arthrodesis, lumbago, lumbar degenerative disc disease, depression, and anxiety. Treatment to date has included physical therapy, diagnostics, chiropractic, massage, surgical intervention, and medications. Toxicology report from 2/2015 was submitted and positive for Hydromorphone and Morphine. Currently, the injured worker complains of pain in his mid and low back since 1989, unchanged since last visit. His pain was constant but variable and radiated down his legs. He continued to take MS Contin 60mg twice daily and Morphine IR 15mg up to five times daily. Medication use appeared consistent since at least 11/2014. He did not wish to make any changes and was able to be more active with the pain control he achieved. Risk factor was documented as taking medication more often than prescribed. His work status was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 15 mg, 150 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Opioids dosing/functional improvement measures Page(s): 78-80/86/48.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when specific conditions are met. However, these standards are not met in this individual. The Guidelines state that detailed documentation of the amount of pain relief and length of pain relief be carefully documented. The Guidelines also state that detailed functional measures should be monitored and improved with the use of opioids. These necessary benefits to justify long term use are not adequately documented to meet Guideline standards. In addition, Guidelines recommend a maximum of 120 Morphine equivalents and only under rare circumstances should this be exceeded. This individuals dosing significantly exceeds recommend dosing without significant changes in functioning. The Morphine 15mg 150 count is not supported by Guidelines and is not medically necessary.

**MS Contin 60 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Opioids dosing/functional improvement measures Page(s): 78-80/86/48.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when specific conditions are met. However, these standards are not met in this individual. The Guidelines state that detailed documentation of the amount of pain relief and length of pain relief be carefully documented. The Guidelines also state that detailed functional measures should be monitored and improved with the use of opioids. These necessary benefits to justify long term use are not adequately documented to meet Guideline standards. In addition, Guidelines recommend a maximum of 120 Morphine equivalents and only under rare circumstances should this be exceeded. This individuals dosing significantly exceeds recommend dosing without significant changes in functioning. The MS Contin 60mg, 120 count is not supported by Guidelines and is not medically necessary.