

<b>Case Number:</b>	CM15-0172416		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 32 year old female, who sustained an industrial injury on 6-23-11. The injured worker was diagnosed as having low back pain, right lower extremity pain, and depression and anxiety due to chronic pain. Treatment to date has included medication such as Morphine Sulfate, Motrin, Amitriptyline, Gabapentin, and Wellbutrin. On 7-9-15 the treating physician noted "she continues to work full time. Medications allow her to do this as well as carry out activities of daily living such as cooking, cleaning and laundering. She would be unable to work at the very least without medications. She continues to have no adverse side effects of aberrant behaviors." On 4-7-15 pain was rated as 8 of 10 without medication and 3 of 10 with medication. Pain on 6-10-15 was rated as 10 of 10 without medication and 3 of 10 with medication. The injured worker had been taking Morphine since at least January 2015. Currently, the injured worker complains of low back pain. On 8-13-15 the treating physician requested authorization for Morphine Sulfate 30mg #60 and Morphine Sulfate ER 30mg #60 with do not fill date until 9-6-15. On 8-19-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 30mg 1 tab bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** The claimant sustained a work injury in June 2011 and continues to be treated for chronic low back and right lower extremity pain and secondary depression and anxiety. Medications are referenced as decreasing pain from 10/10 to 3/10. The claimant is working full-time with restrictions. When seen, there was lumbar paraspinal muscle tenderness. The total MED (morphine equivalent dose) being prescribed is 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Morphine sulfate is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief and the claimant is working full time. There are no identified issues of abuse or addiction. The total MED is 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Morphine sulfate ER 30mg 1 tab bid #60 with do not fill date until 09/06/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in June 2011 and continues to be treated for chronic low back and right lower extremity pain and secondary depression and anxiety. Medications are referenced as decreasing pain from 10/10 to 3/10. The claimant is working full-time with restrictions. When seen, there was lumbar paraspinal muscle tenderness. The total MED (morphine equivalent dose) being prescribed is 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Morphine sulfate ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and the claimant is working full time. The total MED is 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.