

<b>Case Number:</b>	CM15-0179086		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/26/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 09-26-2001. He has reported subsequent low back and right leg pain and was diagnosed with lumbosacral disc degeneration, lumbosacral spondylosis and sciatica. There was no discussion of any imaging or diagnostic tests that may have been performed. Treatment to date has included medication and home exercise which were noted to help improve pain and increase function. Morphine Sulfate immediate release (MSIR) and Oxycontin were prescribed at least since 05-05-2014. In a progress note dated 08-24-2015, the injured worker reported persistent low back and right leg pain that varied in intensity and was worse with increased activity. Objective examination findings were notable for an antalgic gait, tenderness to palpation of the lumbar spine and sacroiliac joint bilaterally, myofascial spasms of the mid and low back bilaterally and positive sciatic stretch bilaterally. Work status was not documented in the physician progress notes. A request for authorization of MSIR (morphine sulfate immediate release) 30 mg Quantity 210, 1-2 every 4 hours, max 7 per day and Oxycontin 80 mg Quantity 180, 1 every 12 hours was submitted. As per the 08-31-2015, the request for MSIR was modified to certification of MSIR (morphine sulfate immediate release) 30 mg Quantity 90, 1-2 every 4 hours, max 7 per day Oxycontin was modified to certification of Oxycontin 80 mg Quantity 70.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR (morphine sulfate immediate release) 30 mg Qty 210, 1-2 every 4 hrs, max 7/day:**  
Upheld

**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, Oral morphine.

**Decision rationale:** Morphine is not indicated as 1st line for mechanical or compressive etiologies. Maximum daily dose should not exceed 120 mg. The claimant had been on Oxycontin and MSContin in excess of this limit. Pain score trends and weaning failure was not noted. Long-term use has not been studied. Tricyclic, NSAID or Tylenol failure or use to reduce dose of opioids is not noted. Continued use of MSContin as prescribed above is not medically necessary.

**Oxycontin 80 mg Qty 180, 1 every 12 hours:** Upheld

**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 for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Opioids, specific drug list.

**Decision rationale:** Oxycontin is not indicated as 1st line for mechanical or compressive etiologies. Maximum daily dose should not exceed 120 mg. The claimant had been on Oxycontin and MSContin in excess of this limit. Pain score trends and weaning failure was not noted. Long-term use has not been studied. Tricyclic, NSAID or Tylenol failure or use to reduce dose of opioids is not noted. Continued use of Oxycontin as prescribed above is not medically necessary.