

<b>Case Number:</b>	CM15-0026111		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California

Certification(s)/Specialty: 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 57 year old female, who sustained an industrial injury on 2/15/2008. She reports back, knee and ankle pain. Diagnoses include right Achilles tendinitis, bilateral sacro-iliac joint pain, bilateral lumbar facet joint pain, chronic low back pain, lumbar degenerative disc disease and central disc bulge at lumbar 4-5. Treatments to date include right knee medial and lateral meniscus repair, sacro-iliac joint injection, physical therapy and medication management. A progress note from the treating provider dated 11/14/2014 indicates the injured worker reported left sided bilateral low back pain and buttock pain. On 1/22/2015, Utilization Review non-certified the request for Morphine Sulfate 15 mg-30 day supply of #120, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate tab 15mg 30 day supply #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The orthopedic progress report dated 8/5/14 documented that the patient is allergic to Morphine Sulfate. Because the patient stated that she is allergic to Morphine Sulfate, the request for Morphine Sulfate is not recommended. Therefore, the request for Morphine Sulfate is not medically necessary.