

<b>Case Number:</b>	CM15-0073077		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 05/12/2005. According to a progress report dated 03/24/2015, the injured worker complained of low back pain that radiated down the bilateral lower extremities. Pain was rated 6 on a scale of 1-10 on average with medications and a 9 on average without medication. Pain was unchanged since the last visit. Also noted was depression and worsening tail bone pain. Diagnoses included lumbar disc degeneration, lumbar radiculopathy, coccyx pain, diabetes mellitus, Parkinson Syndrome and NSAID (non-steroidal anti-inflammatory drug) intolerance. Treatment to date has included medications, epidural injections, acupuncture and physical therapy. Medications tried and failed included Butrans patch, Cymbalta, Gabapentin, Norco and Vicodin. A CURES report dated 11/04/2014 showed no inconsistencies. The injured worker was currently not working. Treatment plan included home exercise program, Amitriptyline, Morphine Sulfate ER and Voltaren Gel 1%. Currently under review is the request for Morphine Sulfate ER 30mg Qty 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER (extended release) 30 MG Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Morphine Sulfate Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Morphine Sulfate ER (extended release) 30 MG Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not indicate that the patient is having significant benefit or decreased pain from the Morphine Sulfate therefore this request is not medically necessary.