

<b>Case Number:</b>	CM15-0077786		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New York

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 59 year old male who sustained an industrial injury on 4/27/10. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic pain of back, myofascial pain syndrome of neck, facet arthropathy of cervical/lumbar spine, sacroiliac joint arthropathy, cervical disk disease and cervical myelopathy. Treatments to date have included spinal cord stimulator, sacroiliac injection, cervical nerve block, oral pain medication, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

**Decision rationale:** According to ODG and MTUS, Morphine Sulfate ER (Morphine Sulfate Extended-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as Morphine Sulfate ER, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, there is no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of Morphine Sulfate ER should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.