

<b>Case Number:</b>	CM15-0094544		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/09/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 41 year old male injured worker suffered an industrial injury on 10/09/2009. The diagnoses included ankle/foot joint pain and reflex sympathetic dystrophy lower limb. The diagnostics included electromyographic studies. The injured worker had been treated with medications. On 4/28/2015 the treating provider reported slow gait impairment. The left foot and ankle is less mobile and more stiff with hyperalgesia and very tender on palpations. The pain radiated into the rest of the foot. The treatment plan included Morphine Sulfate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate immediate release 15mg quantity 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Opioids are not indicated for mechanical or compressive etiologies. The claimant had been on Norco for months with noted pain relief. The claimant was unable to find a

pharmacy that carries Norco. The claimant did not gain benefit from prior NSAID or Percocet use. The physician provided the claimant with Morphine 15 mf (5 x day). There was no mention of escalation, trial of long-acting opioids or alternate pharmacy search. Opioid agreement with new medication was not noted. The claimant had also been on Tricyclics, topical analgesics and muscle relaxants. The Morphine as prescribed is not medically necessary.