

<b>Case Number:</b>	CM15-0099225		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 with an industrial injury dated 4/27/2010. The injured worker's diagnoses include chronic back pain, cervical degenerative disc disease, myofascial pain syndrome of neck and upper thorax, sleep disorder, facet arthropathy of cervical/lumbar spine, sacroiliac (SI) joint arthropathy, cervical disc disease, cervical radiculopathy, cervical torticollis/dystonia, cervical myelopathy, osteoarthritis and post spinal surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported pain between his hips, low back, mid back, upper back and neck. The injured worker also reported that the most severe pain was on the right by the tailbone. The injured worker rated his pain a 6/10. Objective findings revealed mild distress, chronic illness and compensated antalgic gait. Documentation noted that the injured worker's functional status was unchanged. The treating physician prescribed Morphine Sulfate Cap 30mg ER #60 (30 day supply) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul Cap 30mg Er #60 (30 day supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 04/27/10 and presents with pain on his hips, low back, mid back, upper back, and neck. The request is for Morphine Sul cap 30 mg ER #60 (30 day supply). There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 10/14/14 and progress reports are provided from 10/14/14 to 04/14/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient is diagnosed with chronic back pain, cervical degenerative disc disease, myofascial pain syndrome of neck and upper thorax, sleep disorder, facet arthropathy of cervical/lumbar spine, sacroiliac (SI) joint arthropathy, cervical disc disease, cervical radiculopathy, cervical torticollis/dystonia, cervical myelopathy, osteoarthritis, and post spinal surgery. On 01/20/15 and 02/17/15, he rated his pain as a 5/10. On 04/14/15, the patient rated his pain as a 6/10. He is able to do "light housework, laundry, dishes. He does yard work. Walks every day 2.5 miles after he does his morning exercises. He putters around in his shop. Aberrant behavior: He states that he is still having confusion and puts things in places that they don't normally go is what his wife tells him." Although the treater discusses side effects/aberrant behavior and ADL's, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before-and-after medication pain scales to see how the medication impacted the patient's pain and function. No validated instruments are used either. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Morphine Sul Cap is not medically necessary.