

<b>Case Number:</b>	CM15-0099606		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/20/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<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: Emergency 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 65 year old male, who sustained an industrial injury on 4/20/04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbago, low back pain; shoulder region disease NEC. Treatment to date has included status post right sacroiliac joint, piriformis, trochanteric bursa injection (9/4/14); urine drug screening; medications. Diagnostics were not included in the medical submitted. Currently, the PR-2 notes dated 4/13/15 indicated the injured worker returns to this office as a follow-up and complains of continued lower back pain and right leg pain increasing now to bilateral foot pain. The injured worker remarks that his EMG has been denied and pain injections are not helpful. He uses heat at home and is working which he states he cannot do without pain medications through private insurance. He is weaning down to Morphine on his own to twice a day and feels he cannot go down anymore. He is not using anything for neuropathic pain. The injured worker notes his pain is located in the lumbar-sacral spine in the left lower back area, in the midline of the lower back area and in the right lower back area. The pain scale used by the injured worker on this date was 6/10 with medications. The provider lists these medications as current regime: Diazepam, Zanaflex 4mg, Tylenol #4, Norco and MS Contin 100mg. On physical examination, the cervical spine reveals tenderness, decreased flexion, extension, rotation, left lateral bending and right lateral bending. The right shoulder notes tenderness at the acromioclavicular joint on palpation along with tenderness at the subacromial space with pain on resisted abduction. His range of motion of the right shoulder is decreased abduction and pain with abduction. The right knee notes tenderness at the joint line with positive McMurray's test. The lumbar spine, ribs and pelvis

examination note tenderness on palpation at the lumbar spine with decreased flexion, extension, lateral bending and the sacroiliac joints were tender as well on palpation. The provider's treatment plan recommended Lyrica 50mg for nighttime, stop taking the Norco but continue Tylenol #4 along with his reduction of the Morphine ER. The provider is requesting authorization of Morphine Sulfate (MS) Contin 100mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine Sulfate (MS) Contin 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Morphine Sulfate (MS) Contin 100mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued lower back pain and right leg pain increasing now to bilateral foot pain. The injured worker remarks that his EMG has been denied and pain injections are not helpful. He uses heat at home and is working which he states he cannot do without pain medications through private insurance. He is weaning down to Morphine on his own to twice a day and feels he cannot go down anymore. He is not using anything for neuropathic pain. The injured worker notes his pain is located in the lumbar sacral spine in the left lower back area, in the midline of the lower back area and in the right lower back area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine Sulfate (MS) Contin 100mg #90 is not medically necessary.