

<b>Case Number:</b>	CM13-0028128		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old male who reported an injury on 06/15/1999 stating the injury occurred in the course of his usual work duties. According to the 09/04/2013 medical evaluation, it notes the patient was complaining of low back pain with neck pain that radiated to the right upper extremity. The pain was described as an average of about an 8/10 with medications and a 10/10 without medications. According to the 12/11/2013 re-evaluation notes, the patient stated that his pain was an average of a 9/10 in intensity with medications and a 10/10 without medications. The patient stated that his pain increases with activity to include walking. The patient has an extensive list of diagnoses to include lumbar disc disease, lumbar facet arthropathy, failed back surgery syndrome of the lumbar region, lumbar post-laminectomy syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, history of failed intrathecal pump implantation, chronic pain, opioid dependence, continuous, anti-coagulation therapy long term, diabetes type 1 with unspecified complications, hypertension unspecified, hypothyroid, and a history of pulmonary embolism (for which he takes Coumadin). In review of the patient's records, there was a noted limited response to epidural steroid injections, lumbar surgery, over-the-counter medications, physical therapy, the use of a TENS unit, and an internal spinal cord stimulator with a permanent intrathecal implant. It was noted that the patient has developed opiate tolerance due to long-term opioid use. The patient is considered to be permanently disabled. The physician is requesting MS Contin and morphine sulfate instant release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

**Decision rationale:** According to the documentation, the patient has been diagnosed as being tolerant to the use of opioids due to long-term use of opioids. The patient was also noted as having an extensive diagnostic history. He has also been noted as having used both MS Contin and MSIR since at least 07/2012. Under California MTUS, it states that patients who received opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. As noted in the documentation, the patient stated that his pain was an 8/10 with medications on the 10/2013 documentation. Two months later, the documentation dated 12/2013 notes that the patient's pain with medications was a 9/10. Therefore, in regard to the patient's efficacy with the use of opioids, the requested service cannot be deemed medically necessary considering the patient is not responding positively to the use of his medication. These are also indications the patient might be hyperalgesic in regards to using his current medications. Furthermore, the physician has failed to fully complete the request for the prescription. There are no indications of how many tablets of MS Contin are being requested or the actual dosage amount. Therefore, the request for the medication cannot be warranted at this time.

**Instant release morphine sulfate:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the documentation, the patient has been diagnosed as being tolerant to the use of opioids due to long-term use of opioids. He has also been noted as having used both MS Contin and MSIR since at least 07/2012. Under California MTUS, it states that patients who received opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. As noted in the documentation, the patient stated that his pain was an 8/10 with medications on the 10/2013 documentation. Two months later, in the 12/2013 documentation, it notes that the patient's pain with medications was a 9/10.

Therefore, in regard to the patient's efficacy with the use of opioids, the requested service cannot be deemed medically necessary considering the patient is not responding positively to the use of his MSIR. These are also indications the patient might be hyperalgesic with the use of opioids. Furthermore, the physician has failed to fully complete the request for the prescription. There are no indications of how many tablets of MSIR are being requested; nor is the actual dosage amount. Therefore, the requested medication cannot be warranted at this time. As such, the requested morphine sulfate instant release (MSIR) is non-certified.