

<b>Case Number:</b>	CM13-0029158		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Occupational Medicine 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 34 year old female with date of injury 11/14/2008 and her diagnoses include: 1) reflex sympathetic dystrophy lower limb 2) pain in joint, ankle and foot 3) degenerative lumbosacral intervertebral disc 4) lumbago 5) sprain and strain of lumbosacral 6) lumbar sprain and strain. She has complaints of chronic, severe bilateral leg pain and low back pain due to CRPS type I of the bilateral lower extremities and lumbar spondylosis L5-S1 herniated disc that resulted from heavy lifting. She uses a rolling walker to assist with ambulation. Pain is rated 10/10 without medications and 5-6/10 with medications. The use of medications reportedly has improved with function, mobility, tolerance of ADLs and home exercises. Her pain management includes the use of morphine sulfate 30 mg tabs every 4 hours PRN severe pain, max of 6/day and morphine sulfate CR 30 mg tabs every 12 hours. She was previously on higher doses of opiate medications, such as morphine sulfate CR 30 mg tab three times daily, morphine sulfate 30 mg tab every 4 hours and Norco 10/325 twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 30mg tabs:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 79-80.

**Decision rationale:** The UR decision is based on the high dose of opioid pain management being utilized for this claimant, and the recommendation to move toward detoxification. Although the claims administrator does provide some sound advice, and potential gaps in management, it appears that her pain management has included a reduction in the use of opioids. Per Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. 9792.20 - 9792.2, "Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005)" Furthermore, these guidelines provide the following criteria on when to discontinue and to continue opioid pain management: "6) When to Discontinue Opioids: See Opioid hyperalgesia. Also see Weaning of Medications. Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing (g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. (h) Many physicians will allow one "slip" from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations. (i) If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion it has been suggested that a patient show evidence 7) When to Continue Opioids (a) If the pat