

Case Number:	CM13-0048767		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2006
Decision Date:	04/02/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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: Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 39 year-old with a date of injury of 10/11/06. A progress report associated with the request for services, dated 10/15/13, identified subjective complaints of severe back pain. The pain had increased since his morphine dose was reduced the month prior. His current use of morphine was 390 mg per day (short and long-acting). He noted depression and was seeing a psychologist. An authorization was received for consideration of an epidural steroid injection. Objective findings included limited range-of-motion and a positive straight leg-raising. There was decreased sensation in the calf. Diagnoses included L5-S1 disc herniation and anxiety with depression. Treatment has included chronic morphine therapy where he is described as having 50% functional improvement on the medication. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "MS Contin 100 mg QTY: 60.00".

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids; Oral Morphine

Page(s): 74-82,96. Decision based on Non-MTUS Citation Additionally, Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain

Decision rationale: MS Contin is a sustained-release oral formulation of morphine. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The Guidelines further note that opiate therapy is not recommended beyond two weeks and oral morphine is not recommended as primary treatment for persistent pain. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with MS Contin has been ongoing and in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, and long-term therapy is not recommended. Therefore, the record does not demonstrate medical necessity for MS Contin.