

<b>Case Number:</b>	CM13-0066279		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 35 year old female who was injured on November 17, 2008. The mechanism of injury was not listed in the records reviewed. The diagnoses are listed as degenerative lumbar/lumbosacral intervertebral disc, reflex sympathetic dystrophy of the lower limb, and lumbago (back pain). Treatments to date include pain medication and medication to control nausea. A prior utilization review determination dated December 06, 2013 certified Morphine Sulfate 30mg, #180, Cymbalta 60mg #30, urine drug screen and non-certified Zofran 8mg. The injured worker has been taking Morphine Sulfate for over one year according to the office visit note dated January 11, 2013. The same office visit note documents ibuprofen 200 mg was held because it caused gastrointestinal issues in the injured worker at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE 30MG #210:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing and indicators for addiction Page(s): 86-88.

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, records review indicates that this patient has chronic pain and has been prescribed this medication for long periods of time. However, there is no documentation of reduction in pain level or objective functional improvement with the use of this medication. Therefore, the request for MS Contin 30mg #210 is not medically necessary.

**ZOFRAN 8MG #40:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron.

**Decision rationale:** According to the Official Disability Guidelines, Zofran, an antiemetic, is not recommended for nausea and vomiting secondary to chronic opioid use. Furthermore, there is no detailed documentation as to the nausea, such as the severity, frequency, causing factors, and / or evaluations to rule out other causes. Therefore, according to the guidelines the request is not medically necessary.