

Case Number:	CM14-0004799		
Date Assigned:	01/14/2014	Date of Injury:	03/31/2005
Decision Date:	01/23/2014	UR Denial Date:	12/31/2013
Priority:	Expedited	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of March 31, 2005. A utilization review determination dated December 13, 2013 recommends modified certification of morphine sulfate CR 30 mg #60 and morphine sulfate CR 15 mg #15. The reason for modification includes, "the request for morphine sulfate CR 15 mg #30 is not supported as the patient is already maintained on 30 mg strength extended release formulation and the need for this additional dosage is not clearly established in the records for review. A supply of #15 tabs to prevent withdrawal is recommended." A progress report dated January 9, 2014 identifies that the patient underwent lumbar fusion. The note goes on to state, "she had relief of her pain however the pain returned. She underwent removal of some of the hardware and laminotomy. Unfortunately, according to the patient she continues to be in pain. She was placed on various medications including pain medications, neuropathic pain medications, etc. however there was significant conflict between her and her husband. This was pertaining to pain medications, personality changes associated with pain medications, etc. Patient was evaluated and referred here for consideration of spinal cord stimulator modality. She was evaluated and subsequently underwent psychological evaluation for spinal cord stimulator modality and she underwent a spinal cord stimulator trial which was successful. She subsequently was referred to [REDACTED] for a permanent implantation which she underwent in December 2010. The stimulator some [sic] of her left leg pain." The note goes on to identify that her worst pain is 10/10, the pain is 2/10, usual pain is 4 - 6/10. The note goes on to state, "patient has brought in their medication for count, MSContin 39 filled on December 29, 2013, MSContin 30 mg and MS ER 15 mg filled on December 13, 2013, Norco 76 filled on January 6, 2014. The pain is worse. The sleep pattern is the same. The functionality is worse. The medication usage is

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate CR 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Morphine Sulfate CR 15mg #30, California Pain Medical Treatment Guidelines state that morphine sulfate is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines also recommend setting functional treatment goals when initiating opiates. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the patient's pain medication reduces her pain, and improves or function. There are no signs of aberrant use, a narcotic agreement is in place, and pill counts and urine toxicology screens have been performed. A progress report dated November 11, 2013 indicates that the patient was using morphine sulfate sustained-release 30 mg every 12 hours. Subsequent notes indicate that the patient snores at night and has episodes of holding her breath. It appears that this patient is suffering from sleep apnea, which has not been worked-up or treated. There is significant risk of respiratory depression when using opiates; that risk is highest during dose escalation. The requesting physician has not indicated why the patient's dose of long-acting morphine would need to be increased, or what functional goals are to be addressed with the escalating dose. There is no documentation of worsening physical examination findings, or any other identifiers of a musculoskeletal exacerbation of the patient's pain. As such, it seems reasonable to address any issues related to the patient's sleep apnea prior to increasing the dose of long-acting opiate. Additionally, the requesting physician has identified that the patient's husband has a significant problem with the pain medication due to "personality changes." These issues should be evaluated and resolved as far as possible prior to dose escalation. Therefore, in the absence of documentation of subjective complaints and objective findings identifying an exacerbation, specifically defined functional treatment goals to be addressed with the increased dose of long-acting morphine, and all co-morbid issues having been worked up and addressed, the currently requested morphine sulfate CR 15 mg is not medically necessary.

Morphine Sulfate CR 12 Hr 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-79.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Morphine Sulfate CR 12 Hr 30mg, California Pain Medical Treatment Guidelines state that Morphine Sulfate is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has indicated that the morphine sulfate improves this patient's pain and function, an opiate agreement is in place, urine drug screens have been consistent, and they are performing random pill counts. Since the requesting physician has met the criteria for the ongoing use of morphine sulfate 30 mg every 12 hours, it is medically necessary.