

Case Number:	CM14-0005229		
Date Assigned:	01/24/2014	Date of Injury:	12/10/1999
Decision Date:	10/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 52 year old man who was injured on 12/10/1999. The diagnoses are low back pain, status post lumbar fusion and cervical spine surgeries. There are associated diagnoses of anxiety disorder, depression and muscle spasm. The patient completed PT, TENSs unit trial and epidural steroid injections. The MRI report was significant for multiple disc bulges and foraminal stenosis of the cervical and lumbar spine. In 2012, it was reported that attempts to wean the patient off high dose OxyContin, Dilaudid and clonazepam resulted in hypertensive crisis that required treatment. The patient was utilizing Provigil and Dulcolax to treat opioid induced sedation and constipation respectively. The Urine Drug Screen (UDS) was reported to be consistent. The December 2013 UDS report was positive for morphine, carisoprodol, hydromorphone and clonazepam. [REDACTED] noted an average pain score of 8-10/10 with the use of pain medications. The medications listed are Soma for muscle spasm, Topamax for radicular pain, clonidine patch for hypertension and opioid weaning and clonazepam for anxiety. A Utilization review determination was rendered on 1/6/2014 recommending denial for morphine IR 15mg #150 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE IR 15 MG ONE TO TWO THREE TIMES A DAY AS NEEDED
QUANTITY 150 FOR WEANING PURPOSE TO DISCONTINUE OVER PERIOD OF
SIX MONTHS:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment when treatment with non- opioids medications, PT, surgeries and interventional pain procedures have been exhausted. The records indicate that the patient have been on high dose opioid treatment for many years. The pain score have been consistently rated as 8-10/10. There are documented side effects of constipation and sedation that required chronic medications treatment. There were documentations of multiple failed opioid weaning attempts that was discontinued because of the development of severe hypertension and tachycardia. The records indicate that the patient is also utilizing several sedatives that include Soma and benzodiazepines. The records indicate that the patient is being evaluated at 3-4 months intervals which is not adequate for safe weaning of high dose opioids. The CA MTUS and the ODG guidelines recommend that patients on high dose opioids with significant psychosomatic symptoms be referred to Psychiatric or Addiction specialists for safe weaning of opioids and sedatives. The criteria for the use of morphine IR 15mg #150 for outpatient weaning over 6 months was not met.