

Case Number:	CM14-0015159		
Date Assigned:	02/28/2014	Date of Injury:	08/09/2006
Decision Date:	09/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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 43-year-old female with an 8/9/06 date of injury, from a lifting injury. 2/6/14 Note stated that the patient's morphine analgesic equivalency calculates to 640 mg daily. It was noted that range of motion has increased with the current regimen and ease of movement has increased. Treatment plan discussed continuing medication. Long term goals included consistent opiate and non-opiate analgesic control of pain; improve ADLs & HEP; as well as reduce sleep disorder. 10/10/13 Note described daily morphine analgesic equivalency that calculates to 640 mg with the use of Hydrocodone and Oxycontin. 7/1/13 note described heightened level of screening due to some inconsistencies in urine tox screen. The patient was asked to provide a urine sample, however was "unable" to do so. She is prescribed Oxycontin, Nucynta, Norco, Amrix, Colace, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLINICAL ESCALATION ALERT FOR EXCEEDING 120 MORPHINE EQUIVALENTS PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or

Medical Evidence: Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D., N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

Decision rationale: The patient has a 2006 date of injury. Opioids have been prescribed for some time and multiple notes described a daily morphine analgesic equivalency of 640 mg. This greatly exceeds guideline recommendations. The requested clinical escalation alert for exceeding 120 morphine equivalents per day is in fact. Opioid Treatment Guidelines from the American Pain Society state that opioid doses above 200 mg of morphine (or its equivalents per day) is considered high dose opioid therapy and is off-label, highly experimental and potentially dangerous. The request of clinical escalation alert for exceeding 120 Morphine equivalents per day is not medically necessary and appropriate.

OXYCONTIN 80 MG CR, DAYS SUPPLY 30, QUANTITY 90, MED 360: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D., N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

Decision rationale: Medical necessity for the requested opioid was modified in order to initiate weaning. There were prior reports of UDS inconsistencies and the patient's daily morphine equivalency far exceeds guideline recommendation. 2/5/14 UR review indicated a current MED of 440 and 2/6/14 progress note stated that the patient's morphine analgesic equivalency calculates to 640 mg daily. Opioid Treatment Guidelines from the American Pain Society state that opioid doses above 200 mg of morphine (or its equivalents per day) is considered "high dose" opioid therapy and is "off-label", highly experimental and potentially dangerous. The requested opioids far exceed what guidelines and clinical practice deems as safe and reasonable. Furthermore, there were inconsistencies in the past, yet no discussion/attempts at weaning/tapering opioid use. The prior modification recommended a month at the current dosage in order to initiate weaning. Additional Norco is not indicated; however a month of Oxycotin at 80 mg for 30 days # 90 for weaning purposes is medically reasonable.