MAXIMUS Federal Services

Case Number:	CM14-0018470		
Date Assigned:	04/18/2014	Date of Injury:	06/27/2007
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family Medicine, 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:

This injured worker's date of injury was 6/27/07. The patient is receiving treatment for chronic pain from degenerative disc disease of the lumbar spine. Additional diagnoses include peripheral neuropathy and lumbar/thoracic radiculitis/radiculopathy, and lumbosacral spondylosis. Not mentioned, but apparent from the clinical notes presented for this case, is another diagnosis: opioid dependency. In the treating physician's note dated 12/18/13, the patient reports pain as fairly controlled. On exam the patient's gait showed a limp; he exhibited being in pain when in motion. The lumbar region was tender, and there was restriction in flexion, extension and lateral bending motions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE 15MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MORPHINE SULFATE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20 - 9792.26 OPIOIDS FOR CHRONIC PAIN, , 80-82

Decision rationale: This patient has chronic low back pain, neuropathic pain, is opioid dependent, and is being treated for major depression with severe psychotic features, as stated in a clinical report dated 11/1/13. His treating physician changed his opioid treatment from Percocet (a short acting opioid) to Morphine sulphate 15mg (a short acting opioid) and Opana ER 20mg (a long acting opioid). The patient receives Cymbalta 90mg (an anti-depressant) and Celebrex 200mg (an NSAID) BID (not subject for review). Ongoing treatment for chronic pain in a patient who has become opioid dependent requires careful re-evaluation and documentation. In this case, this injured worker also receives treatment from his psychiatrist for major depression with psychotic features, and takes Adderall XR 10mg (a form of amphetamine), Ativan 2mg (a benzodiazepine), and Lunesta 6mg (a hypnotic). Therefore, the issue of polypharmacy with potentially addicting medications creates challenges for the clinicians involved with his care. Long-term use of opioids invites both tolerance to the opioids and the risk of harm from addictive disorders, which the literature states may be as high as 30%. Additionally, patients who drink alcohol, and take sedatives and stimulants, as this patient does, are at higher risk for substance abuse disorders and addiction. The outcome in pain management for this particular group is lower than for other groups of patients. As such, the request is not medically necessary.