

Case Number:	CM14-0152247		
Date Assigned:	09/22/2014	Date of Injury:	01/02/2003
Decision Date:	10/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/18/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 55 year old female with complaints of low back pain and leg pain. The date of injury is 1/2/03 and the mechanism of injury is not elicited. At the time of request for the following: 1. Morphine 15mg extended release #90 3 refills 2. Morphine 15mg immediate release #90 3 refills 3. Co-rite 100mg #120 3 refills, there is subjective (low back pain, bilateral leg pain left greater than right) and objective (tenderness to palpation lumbosacral area left side, restricted range of motion lumbar spine, left lower extremity noted with edema, erythematous, and cool to touch, Allodynia noted left lower extremity, motor strength decreased left lower extremity, antalgic gait using a cane, left hip tenderness, positive left straight leg raise) findings, imaging findings (no reports submitted), diagnoses (Reflex Sympathetic Dystrophy of the lower limb, Chronic pain syndrome, lumbosacral neuritis/radiculitis, drug induced constipation), and treatment to date (medications, therapy, recommendations for spinal cord stimulator trial). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The prophylactic treatment of constipation is recommended in the setting of prescribing opioids. Opioid-induced constipation is a common adverse effect of long term opioid use. First line treatment includes increasing physical activity, hydration, fiber, and laxatives may be added to increase water content/soften stool and increase gastric motility. Second line treatment with drugs like Relistor and Amitiza may be considered only if first line therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate extended release #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support continued prescribing of opioid pharmacotherapy, it is my opinion that the request for morphine sulfate 15mg extended release #90 with 3 refills is medically necessary.

Morphine sulfate immediate release (MSIR) 15mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support continued prescribing of opioid pharmacotherapy, it is my opinion that the request for morphine sulfate 15mg immediate release #90 with 3 refills is medically necessary.

Co-rite 100mg #120 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation xOfficial Disability Guidelines (ODG) Pain(Chronic), Opioid-induced constipation treatment

Decision rationale: Per ODG treatment decisions, the prophylactic treatment of constipation is recommended in the setting of prescribing opioids. Opioid-induced constipation is a common adverse effect of long term opioid use. First line treatment includes increasing physical activity, hydration, fiber, and laxatives may be added to increase water content/soften stool and increase gastric motility. Second line treatment with drugs like Relistor and Amitiza may be considered only if first line therapy has failed. Therefore, the request for Co-rite(docusate) 100mg #120 with 3 refills is medically necessary.