

Case Number:	CM14-0026511		
Date Assigned:	06/13/2014	Date of Injury:	10/18/2000
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/03/2014

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:

According to the records made available for review, this is a 64-year-old female with a 10/18/2000 date of injury, and status post right knee replacement 2007 and right femur ORIF 2007. At the time (2/6/14) of request for authorization for 300 tablets of Methadone 10 mg and 240 tablets of Morphine Sulfate immediate release 30 mg, there is documentation of subjective (pain in the low back, buttocks, and bilateral legs, pain rated 6/10, pain is constant and moderate; associated stiffness, tenderness, and weakness) and objective (pain with range of motion, tenderness over the bilateral paraspinous muscles, bilateral sacroiliac joints, bilateral lumbar facets, and trochanteric bursa; diminished sensation in L5 and S1) findings, current diagnoses (degeneration lumbar/lumbosacral intervertebral disc, spondylosis unspecified site, congenital spondylolisthesis, and idiopathic scoliosis), and treatment to date (acupuncture, massage, physical therapy, and medications (including MS IR and methadone since at least June of 2012)). Regarding the requested 300 tablets of Methadone 10 mg, there is no documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it; that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Methadone use to date. Regarding the requested 240 tablets of Morphine Sulfate immediate release 30 mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, failure of non-opioid

analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine (equivalent to MS Contin); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Morphine Sulfate use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

300 TABLETS OF METHADONE 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, METHADONE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration lumbar/lumbosacral intervertebral disc, spondylosis unspecified site, congenital spondylolisthesis, and idiopathic scoliosis. However, there is no documentation that Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for 300 tablets of Methadone 10 mg and 240 tablets is not medically necessary.

240 TABLETS OF MORPHINE SULFATE IMMEDIATE RELEASE 30 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Morphine Sulfate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnoses of degeneration lumbar/lumbosacral intervertebral disc, spondylosis unspecified site, congenital spondylolisthesis, and idiopathic scoliosis. In addition, there is documentation of chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine (equivalent to MS Contin). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Morphine Sulfate use to date. Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate immediate release 30 mg is not medically necessary.