

Case Number:	CM14-0036960		
Date Assigned:	06/25/2014	Date of Injury:	09/21/1992
Decision Date:	09/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation 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:

Toxicology report dated 11/04/2013 was positive for benzodiazepines and opiates but inconsistent based on declared prescriptions. Office note dated 03/07/2014 states the patient complained of back pain that is severe. He reported the pain radiates to the left ankle, right ankle, left calf, bilateral feet and bilateral thighs. On exam, he has pain in the back with muscle weakness, joint pain and neck pain. The patient has a diagnosis of intervertebral disc disorder with myelopathy of the lumbar spine; degenerative disk disease of the lumbar spine; myalgia and myositis, lumbar spine radiculopathy and chronic pain. The patient was recommended for Dilaudid and MS-Contin. He rated his pain with medications a 6/10 and without medications a 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Contin 100 mg. #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Morphine Sulphate (MS Contin).

Decision rationale: As per CA MTUS guidelines, MS Contin (morphine sulfate) is a long-acting opioid recommended for cancer pain. They are often used for chronic pain but are controversial for the treatment of non-malignant chronic pain. The guidelines further indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic low back pain and has been prescribed morphine sulfate with no documentation of reduction in pain level, increased endurance, or functional improvement with the use of this medication. Thus, the request is not medically necessary.

Dilaudid 8 mg. #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

Decision rationale: As per CA MTUS guidelines, Dilaudid (hydromorphone) is a short-acting opioid recommended for chronic pain. They are often used for intermittent or break-through pain. The guidelines further indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic low back pain and has been prescribed Dilaudid with no documentation of reduction in pain level, increased endurance, or functional improvement with the use of this medication. Thus, the request is not medically necessary.