

Case Number:	CM14-0037409		
Date Assigned:	06/25/2014	Date of Injury:	10/20/1996
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 53 yr. old male claimant sustained a work injury on 10/20/1996 involving the low back. He has had chronic pain and has received epidural steroid injections, spinal cord stimulators and oral analgesics. A progress note on 3/3/14 indicated the claimant had 7/10 pain which is exacerbated by prolonged sitting or walking. Physical findings include paraspinal spasms with grossly normal neurological exam. The treating physician continued his Dilaudid 8 mg every 4 hours and increased his Morphine SR 15 mg tablets - 3 tabs every 8 hours. In addition, he is on Motrin, Neurontin and Valium for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine SR 15mg Qty: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 86-87.

Decision rationale: According to the MTUS guidelines: Opioids, dosing: Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to

determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007) There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. When using single-agent opioid preparations, the dose should be slowly escalated until adequate pain relief is seen or side effects preclude further escalation. When using combination opioid products containing acetaminophen, aspirin, or ibuprofen, the dose limiting toxicity may be attributable to acetaminophen, aspirin, or ibuprofen respectively. The maximum amount of acetaminophen should be no more than 4 g/day. There are drawbacks to equivalency tables because they do not consider a recommended dose reduction for opioid cross-tolerance. Methadone conversion requires careful consideration because of its long half-life and unusual pharmacokinetic profile compared with most other opioids. In addition, converting methadone to morphine is not bidirectional. When switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity. (Fudin, 2008) Opioid Dosing Calculator Morphine Equivalent Dose (MED) factor: Codeine - 0.15 Fentanyl transdermal (in mcg/hr) - 2.4 Hydrocodone – 1 Hydromorphone – 4 Methadone, 41 to 60mg per day – 10 Methadone, >60mg per day – 12 Morphine – 1 Oxycodone - 1.5 Oxymorphone – 3. In this case, the claimant had been on a combined morphine equivalent of greater than 120 mg/day when accounting Morphine SR and Dilaudid. As a result, the prescribed amount of Morphine SR is not medically necessary.

Dilaudid 8mg Qty: 160.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86-87.

Decision rationale: According to the MTUS guidelines: Opioids, dosing: Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007) There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. When using single-agent opioid preparations, the dose should be slowly escalated until adequate pain relief is seen or side effects preclude further escalation. When using combination opioid products containing acetaminophen, aspirin, or ibuprofen, the dose limiting toxicity may be attributable to acetaminophen, aspirin, or ibuprofen respectively. The maximum amount of acetaminophen should be no more than 4

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