

<b>Case Number:</b>	CM14-0051109		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Florida. 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:

The injured worker is a 49-year-old male who reported injury on 01/02/2001. The diagnoses included degenerative lumbar/lumbosacral intervertebral disc disorder. Prior treatments included spinal surgery and physical therapy. The injured worker's medication history included opiates as of at least 12/2013. The documentation of 03/21/2014 revealed the injured worker had complaints of severe intractable bilateral low back pain radiating into his lower limbs with the pain being 8/10. The current medications included Morphine Sulfate IR 30mg 4 times a day and Nucynta ER 150mg twice a day. Prior opiates included Percocet 10/325mg, Opana ER 20mg every 12 hours, OxyContin and Nucynta. The diagnoses included status post spinal cord stimulator implant, failed back surgery syndrome, bilateral lower extremity lumbar radiculopathy at L2, L3, L4, and L5-S1 with positive EMG status post L3 through S1 fusion and surgery, painful symptomatic lumbar focal disc protrusion, L2-L3 with posterior annular disc fissure/tear, positive lumbar discogram, lumbar post laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, severe bilateral L2 neuroforaminal stenosis and moderate L2-L3 central stenosis. The treatment plan included the physician was awaiting authorization of an appeal of the denial medication Morphine Sulfate IR and Nucynta ER which the physician opined were medically necessary to treat the injured worker's failed back surgery syndrome and chronic low back pain. The documentation indicated with the medications, the injured worker's pain was 5/10 and without the medications it was 8-9/10. The medication was noted to allow the injured worker to complete activities of daily living such as performing personal hygiene, self-care, basic food preparation and ambulate greater than 1 block. The physician further documented the injured worker failed Norco, Percocet, OxyContin and Opana ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR 30MG tablets, one tablet every 6 hours prn pain, count 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, On-going management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing the medication since at least 12/2013. The documentation indicated the injured worker had an objective decrease in pain and an objective increase in function. However, there was lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of all opiates would be 238mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120mg. Given the above, the request for Morphine Sulfate IR count 120 is not medically necessary.

**Nucynta ER 150MG one tablet every 12 hours, count 160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, On-going management, opioid dosing Page(s): 78, 80, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing the medication since at least 12/2013. The documentation indicated the injured worker had an objective decrease in pain and an objective increase in function. However, there was lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of all opiates would be 238mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120mg. Given the above, the request for Nucynta ER 10 mg 1 tablet every 12 hours, count 160 is not medically necessary.

