

Case Number:	CM14-0055771		
Date Assigned:	07/09/2014	Date of Injury:	12/10/1999
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work-related injury on December 10, 1999. Subsequently, the patient developed chronic neck and low back pain. The diagnoses was lumbar intervertebral disc degeneration. According to a progress report dated on March 18, 2014, the patient remained symptomatic with ongoing neck and low back pain radiating into the upper and lower extremities with associated spasm, numbness, and tingling. It was noted that the patient had multilevel cervical degenerative disc disease (DDD) and also lumbar DDD and opioid dependency. The patient has failed conservative care including physical therapy and prior epidural steroid injections. He is status post prior lumbar anterior-posterior spinal fusion at L4-L5 with residual lower extremity radicular pain. The patient was previously on high dose of opioid therapy and was converted from Oxycontin and Dilaudid to Morphine. He is in the midst of tapering down of Morphine. The patient did have a successful one month TENS unit trial. He was found himself using TENS unit more than usual as his medication continues to get reduced. The patient continued to use Morphine 60 mg every 8 hours for baseline pain relief, as well as Morphine IR for breakthrough pain, Topamax for neuropathic pain, and Soma for muscle spasms. The patient also used Omeprazole for gastrointestinal symptoms from medications, Clonazepam for anxiety and to assist with withdrawal symptoms, Clonidine patch to help with back pain and withdrawal symptoms, and Lunesta for insomnia. The patient reported a 20% improvement with the medication and his doctor continued to decrease medications accordingly. The provider requested authorization to use Morphine IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids:Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids, page(s), page(s) 76-79 Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no recent documentation of pain or functional improvement with previous continuous use of morphine. The patient has a work-related injury that occurred on 1999 and continue of Morphine is not justified. Therefore, the request for Morphine IR 15mg #90 is not medically necessary.