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| Case Number: | CM14-0055846 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/14/2011 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 04/14/2014 |
| 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 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 50-year-old female with a 1/14/11 date of injury. At the time (3/24/14) of request for authorization for Hydrocodone/Acetaminophen 10/325 #60 and Morphine Sulfate 60mg #60, there is documentation of subjective (moderate to severe pain of the neck, head, and legs radiating down to the left foot) and objective (tenderness over the right shoulder, left shoulder, facet, pericervical, periscapular, and trapezius) findings, current diagnoses (chronic pain due to trauma, thoracic/lumbosacral radiculopathy, facet arthropathy, lumbar spine degenerative disc disease, and failed back surgery syndrome), and treatment to date (medications (including ongoing treatment with Hydrocodone/Acetaminophen since at least 11/8/13 and Morphine sulfate since at least 8/12/13) and epidural steroid injection). Medical report identifies that there is ongoing opioid treatment assessment as well as slight pain relief with medications (from an intensity of 10/10 to 8/10) and patient is able to get out of bed. Regarding Morphine sulfate, 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).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 #60: Overturned

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

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

Decision rationale: 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 chronic pain due to trauma, Thoracic/Lumbosacral radiculopathy, facet arthropathy, lumbar spine degenerative disc disease, and failed back surgery syndrome. In addition, there is 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. However, given documentation of ongoing treatment with Hydrocodone/Acetaminophen with slight pain relief and enables patient to get out of bed (without medication, patient stays in bed all day and feels hopeless and helpless), there is documentation of improvement as an increase in activity tolerance as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325 #60 is medically necessary.

Morphine Sulfate 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 124.

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: 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 Morphine sulfate 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 chronic pain due to trauma, thoracic/lumbosacral radiculopathy, facet arthropathy, lumbar spine degenerative disc disease, and failed back surgery syndrome. In addition, there is 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. Furthermore, given documentation of ongoing treatment with Morphine sulfate with slight pain relief and enables patient to get out of bed (without medication, patient stays in bed all day and feels hopeless and helpless), there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Morphine sulfate use to date. However, given documentation of an associated request for Hydrocodone/Acetaminophen, 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). Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate 60mg #60 is not medically necessary.