

<b>Case Number:</b>	CM14-0080592		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/22/1994
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 60-year-old male with a 8/22/94 date of injury, status post left index finger partial amputation with re-attachment surgery in 1969, status post left knee surgery in 1989, status post right foot and ankle, right wrist and right hip surgery in 1994, status post right foot and left hip surgery in 1995, and status post left knee arthroscopy in 1996. At the time (3/18/14) of request for authorization for 1 prescription of Norco 10/325 mg # 30 and 1 prescription of Morphine Sulfate CR 50 mg. # 60 with 1 refill, there is documentation of subjective (increase in lower and mid thoracic back pain and left knee pain due to an increase in activity) and objective (mild to moderate discomfort, flattening of normal lumbar lordosis noted, tender to palpation over the paravertebral muscles in the cervical spine bilaterally, facet loading positive on the right and mildly positive on the left side, sacroiliac joints tender on left side, restricted and painful spine extension, and antalgic gait) findings, current diagnoses (chronic pain syndrome, pain in joint lower leg, localized osteoarthritis lower leg, lumbosacral spondylosis without myelopathy, headache, disorders of sacrum, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and chronic migraine), and treatment to date (medications (including ongoing treatment with Norco and Morphine Sulfate CR that patient is using to stay active and maintain functionality)). Medical report identifies a narcotic agreement is in place. Regarding 1 prescription of Morphine Sulfate CR 50 mg # 60 with 1 refill, there is no documentation that patient is in need of continuous treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325 mg # 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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 syndrome, pain in joint lower leg, localized osteoarthritis lower leg, lumbosacral spondylosis without myelopathy, headache, disorders of sacrum, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and chronic migraine. In addition, given documentation of a narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that patient is using his medications to stay active and maintain functionality, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 10/325 mg # 30 is medically necessary.

**1 prescription of Morphine Sulfate CR 50 mg. # 60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. 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 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 syndrome, pain in joint lower leg, localized osteoarthritis lower leg, lumbosacral spondylosis without myelopathy, headache, disorders of sacrum, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and chronic migraine. In addition, given documentation of a narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that patient is using his medications to stay active and maintain functionality, there is documentation of functional benefit and improvement as; an increase in activity tolerance as a result of Morphine Sulfate CR use to date. However, there is no documentation that patient is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Morphine Sulfate CR 50 mg. # 60 with 1 refill is not medically necessary.