

<b>Case Number:</b>	CM14-0097532		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/15/1994
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 52-year-old female who reported an injury on 09/15/1994 due to unspecified cause of injury. The injured worker complained of lower back pain. The injured worker had diagnoses of low back pain, leg pain, and lumbosacral radiculopathy. Past treatments were not available for review. The medications included gabapentin, hydromorphone, morphine sulfate, Nuvigil, Celexa, ibuprofen, and Lidoderm patch. The injured worker had an IT pain pump. The objective findings dated 08/28/2014 to the lumbar spine revealed a slow, steady gait with moderate tenderness. The paravertebral muscles were positive for muscle spasms with mild tenderness to the hips. The treatment plan included refill of medications. The request for authorization dated 09/23/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Avinza (morphine sulfate) Ongoing Management

**Decision rationale:** The request for morphine sulfate 200 mg #60 is not medically necessary. The California MTUS indicates that Avinza capsules are a brand of modified release morphine sulfate indicative for once daily administered for the relief of moderate to severe breakthrough pain requiring continuous around-the-clock opioid therapy for an extended period of time. The California MTUS Guidelines also indicate that morphine sulfate is for controlled extended and suspended release. Preparations should be reserved for patients with chronic pain who need continuous treatment. Morphine sulfate extended release or once daily dosing of 60 mg, 90 mg, and 120 mg capsules, are for opioid tolerant patients only; may be dosed once or twice daily; the 100 mg and 200 mg are intended for opioid tolerant patients only and should be individually catered for each patient. There should be documentation of objective functional improvement and objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosage for opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes do not indicate a frequency for the morphine sulfate; however, indicated that it was 200 mg, exceeding the recommended 120 mg daily. The injured worker rates her pain as 7/10 to 8/10. The clinical notes indicated on 02/06/2014 that morphine sulfate ER was at 100 mg and the injured worker rated her pain 9/10 indicating that the morphine sulfate has not had an effective efficacy on the injured worker. The request did not address the frequency. As such, the request is not medically necessary.

**Hydromorphone 4mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems, medications Page(s): 54.

**Decision rationale:** The request for hydromorphone 4 mg #9 is not medically necessary. The California MTUS recommended first stage morphine is generally the initial IDDS medication. The maximum recommended dose for this drug is 15 mg/day with a concentration of 20 mg/day. An alternative non-FDA approved medication is hydromorphone. The maximum recommended dose for this medication is 4 mg/day with a concentration of 10 mg/mL. The clinical notes indicate that the hydromorphone has had no efficacy on the injured worker. The hydromorphone and morphine sulfate exceed the recommended 120 oral morphine dosage daily. The request did not indicate the frequency. As such, the request is not medically necessary.

**Nuvigil 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil)

**Decision rationale:** The request for Nuvigil 150 mg #30 is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines do not recommend it solely to counteract sedation effects of narcotics. As such, the request is not medically necessary. The request did not address frequency. As such, the request is not medically necessary.