

<b>Case Number:</b>	CM14-0187735		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/12/1992
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 50-year-old gentleman with a date of injury of 03/12/1992. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/15/2014, 10/14/2014, 11/07/2014, 11/11/2014, and a supplemental note dated 11/11/2014 indicated the worker was experiencing lower back pain, left stump and phantom limb pain, pain in both knees and hips, problems sleeping, depressed mood, anxiety, and temporary symptoms of opioid withdraw when these medications were stopped. The worker had been using oxycodone, which was weaned to 220mg daily. The note dated 09/15/2014 reported a rotation to morphine was attempted to continue decreasing the amount of opioid required. The note dated 10/14/2014 suggested morphine would be further decreased to 120mg daily plus additional morphine as needed (amount was not reported), although the note subsequently indicated 180mg daily with additional morphine as needed was prescribed. Documented examinations consistently described no abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from chronic pain, insomnia, and anxiety. The note dated 11/11/2014 reported testing showed the worker may have a genetic finding that could make morphine less effective than in other people. Treatment recommendations included continued oral pain and psychiatric medications, including continued morphine. A Utilization Review decision was rendered on 10/16/2014 recommending non-certification for ninety tablets of MS-Contin (morphine sulfate) 60mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate/MS Contin 60 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** MS-Contin (morphine sulfate) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain, left stump and phantom limb pain, pain in both knees and hips, problems sleeping, depressed mood, anxiety, and temporary symptoms of opioid withdrawal when these medications were stopped. Documented pain assessments were minimal and included few of the elements recommended by the Guidelines. The worker had been using oxycodone, which was weaned down to 220mg daily. The documentation reported a rotation to morphine was attempted in order to continue decreasing the amount of daily opioid required to maintain the worker's function. A note dated 10/14/2014 suggested morphine would be further decreased to 120mg daily plus additional morphine as needed (amount was not reported), although the note subsequently indicated 180mg daily with additional morphine as needed was prescribed. Documented examinations consistently described no abnormal objective findings. A note dated 11/11/2014 reported that testing showed the worker had a genetic finding that could make morphine less effective for the worker than other people. This note indicated the worker had stopped all opioids, and pain intensity at that time was rated in the mild range. There was no discussion clarifying the continued recommendation for this medication when the worker's objective report of pain was mild, testing suggested this medication would likely be less beneficial for the worker, and documented examinations consistently described no abnormal findings. While a supplemental note reported significantly decreased function without the use of opioid medications, this was not supported by documentation of objective findings or by the worker's report of pain intensity. In the absence of such evidence, the current request for ninety tablets of MS-Contin (morphine sulfate) 60mg is not medically necessary. While the Guidelines recommend the use of an individualized taper when this medication does not demonstrate benefit, this should have been able to be accomplished with the medication the worker already had available. The request is not medically necessary.