

Case Number:	CM14-0206308		
Date Assigned:	12/18/2014	Date of Injury:	05/06/2005
Decision Date:	02/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 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:

The injured worker (IW) is a 42-year-old man with a date of injury of May 6, 2005. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are low back fusion at L3 through S1; lumbar radiculopathy; chronic myofascial pain; and hypogonadism secondary to opioid use and insomnia secondary to chronic myofascial pain. Pursuant to the progress report dated November 11, 2014, the IW report he is struggling to control his pain. He does not feel like Morphine is helpful. Examination of the low back reveals significant tenderness and spasm of the lumbar paraspinal musculature and painful range of motion. The IW has difficulty getting out of bed and chairs. Straight leg raise is positive on the right at 50 degrees. There continues to be weakness in the EHL on the right. Ambulation is slow, but normal for the IW. The treatment plan is to continue Kadian 10mg TID #90, continue Morphine Sulfate Immediate Release (MSIR) 15mg TID #90, and continue Gabapentin 600mg TID #90. The provider reports that he wants to convert his Morphine to Opana equivalents. He is also requesting Opana IR 5mg QID due to the injured worker's previous gastric bypass surgery and his inability to take the extended release medications. Review of the medical record shows the IW was taking Oxycodone, Vicodin, and Norco prior to 2011. In 2011 the IW was taking Oxycodone IR. In May 2012 the IW was taking Oxymorphone. The earliest progress note in the medical record dated April 10, 2014 indicates refills for Kadian and MSIR were provided to the IW. The exact start date of Kadian and MSIR is unclear due to lack of documentation. There are no pain or risk assessments in the medical record. According to a progress note dated May 2, 2011, the treating physician reports the IW may need inpatient detox for oxycodone IR if he is unable to wean off by himself. There was no subsequent discussion and the opiate strength and duration has increased from that point in time forward. Additionally, there is no documentation

containing evidence of objective functional improvement associated with the ongoing use of MSIR and Kadian. The current request is for MSIR 15 mg #90, and Kadian 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate IR 15 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 42 years old with the date of injury May 6, 2005. The injured worker's working diagnoses are status post anterior lumbar interbody fusion L3 - L4, L4 - L5, and L5 - S1 with posterior lateral fusion and posterior particular screw fixation L3 - L4, L4 - L5 and L5 - S1 with a left iliac anchor; residual radiculopathy right lower extremity with foot drop. The documentation indicates the injured worker is taking Kadian 10 mg twice a day for baseline pain relief. Additionally, the injured worker is taking Morphine sulfate IR 15 mg three times a day for breakthrough pain. Further review of the medical record shows the injured worker was taking oxycodone, Vicodin and Norco prior to 2011. In 2011, the injured worker was taking oxycodone IR. In May 2012, the injured worker was taking Oxymorphone. The earliest progress note in the medical record indicating refills for Kadian and Morphine sulfate IR is dated April 10, 2014. The medications were refilled on that date and the exact start date is unclear according to the documentation medical record. There are no pain or risk assessments in the medical record. There was discussion on May 2, 2011 in a progress note regarding inpatient detox for Oxycodone IR. There was no subsequent discussion and the opiate strength and duration has increased from that point in time forward. Additionally, there is no documentation containing evidence of objective functional improvement associated with ongoing morphine sulfate IR. Consequently, absent the appropriate clinical documentation supporting objective functional improvement regarding ongoing Morphine sulfate IR and pain/risk assessments, Morphine sulfate IR 15 mg #90 is not medically necessary.

Kadian 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kadian 10mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 42 years old with the date of injury May 6, 2005. The injured worker's working diagnoses are status post anterior lumbar interbody fusion L3 - L4, L4 - L5, and L5- S1 with posterior lateral fusion and posterior particular screw fixation L3 - L4, L4 - L5 and L5 - S1 with a left iliac anchor; residual radiculopathy right lower extremity with foot drop. The documentation indicates the injured worker is taking Kadian 10 mg twice a day for baseline pain relief. Additionally, the injured worker is taking Morphine sulfate IR 15 mg three times a day for breakthrough pain. Further review of the medical record shows the injured worker was taking Oxycodone, Vicodin and Norco prior to 2011. In 2011, the injured worker was taking oxycodone IR. In May 2012, the injured worker was taking Oxymorphone. The earliest progress note in the medical record indicating refills for Kadian and morphine sulfate IR is dated April 10, 2014. The medications were refilled on that date and the exact start date is unclear according to the documentation medical record. There are no pain or risk assessments in the medical record. There was discussion on May 2, 2011 in a progress note regarding inpatient detox for oxycodone IR. There was no subsequent discussion and the opiate strength and duration has increased from that point in time forward. Additionally, there is no documentation containing evidence of objective functional improvement associated with ongoing morphine sulfate IR. Consequently, absent the appropriate clinical documentation supporting objective functional improvement regarding ongoing morphine sulfate IR and pain/risk assessments, Kadian 10mg #90 is not medically necessary.